

# **QUARTERLY STATEMENT**

AS OF JUNE 30, 2021
OF THE CONDITION AND AFFAIRS OF THE

HAP Empowered Health Plan, Inc.

|   | 1311 , ent Period)   | 01311<br>(Prior Period)   | NAIC Company C   | ode <u>9581</u>  | 14 Employer's ID   | Number   | 38-3123777  |
|---|--|---|--|--|--|--|---|
| Organized under the Laws of   | ,  | ,   |  | _, State of Domi   | cile or Port of Entry  | Mic  | higan   |
| Country of Domicile   |  |   |  | United States  |  |  |   |
| Licensed as business type:  | Dental Service   | t & Health [ ]<br>ce Corporation [ ]  | Property/Casu<br>Vision Service  |  |  | Organization   | [X]   |
| ncorporated/Organized   | Other [ ]  | /01/1994  | Commenc  | ed Business  | Is HMO Federally C   |  | ] No [X]  |
| Statutory Home Office   | 01.  | 2850 West Grand I   |  |  | MI, US 48202   |  |   |
| •   |  | (Street and Num   | and Number) (City or Town, St  |  |  | te, Country and Zip  |   |
| Main Administrative Office  |  | Nest Grand Bouleva<br>(Street and Number)   | ard  | (City or Town S  | t, MI, US 48202<br>state, Country and Zip Code)  | (Area Cod  | 88-654-2200<br>e) (Telephone Number)  |
| Mail Address  |  | st Grand Boulevard  | ,  | (Oity of Town, o   | Detroit ML L   | JS 48202   |   |
|   |  | d Number or P.O. Box)   |  |  | (City or Town, State, Co   | untry and Zip Code   |   |
| Primary Location of Books ar  | id Records   | 2850 West Gra<br>(Street and  |  |  | etroit, MI, US 48202<br>own, State, Country and Zip Coo  |  | 18-443-1093<br>e) (Telephone Number)  |
| Internet Web Site Address   |  | (0.000.0.1)   | ,  | ap.org/emp/hap   |  | (,   | o) (10.0p.10.10 11a.1.001)  |
| Statutory Statement Contact   |  | Dianna L. Ronan   | CPA  |  | 248-44   | 13-1093  |   |
| d   | ronan@hap.or   | (Name)  |  |  | (Area Code) (Telepho<br>248-443-861)   |  | sion)   |
|   | (E-Mail Address)   |   | OFFICE   | ·DC  | (FAX Number)   |  |   |
| Name  |  | Title   | OFFICE   |  | me   | т  | ïtle  |
|   |  |   | President  |  | nn Doran .   |  | asurer  |
|   |  | Assistant Secre   |  | Michelle Denise Johnson Tidjani Esq.   |  |  | retary  |
|   |  | (   | OTHER OF   | ICEDS  |  |  |   |
| Marjorie A. Staten J.D  |  | Assistant Secre   |  | ICERS  |  |  |   |
| Charles Andrew Bloom D  |  | Michael Allen Geno  | <u>па м.р.</u>   | Kenneuriwiid   | chael Treash   | Laurie A   | nn Doran  |
| County of   | -  | SS  |  |  |  |  |   |
| The officers of this reporting enti-<br>above, all of the herein described<br>this statement, together with rela-<br>and of the condition and affairs of<br>been completed in accordance with<br>differ; or, (2) that state rules or<br>knowledge and belief, respective<br>when required, that is an exact<br>regulators in lieu of or in addition | assets were the ted exhibits, schif the said report vith the NAIC Airegulations require. Furthermore, copy (except for | absolute property of the dules and explanation ing entity as of the repunual Statement Instruire differences in reputhe scope of this atterformatting differences | the said reporting en<br>ins therein containe<br>porting period stated<br>actions and Account<br>orting not related to<br>station by the descr | tity, free and clear<br>d, annexed or refe<br>l above, and of its<br>ting Practices and<br>o accounting prac-<br>tibed officers also | from any liens or claims the<br>gred to, is a full and true so<br>income and deductions the<br>Procedures manual excep-<br>tices and procedures, acc-<br>includes the related corres | ereon, except as tatement of all the erefrom for the pot to the extent the ording to the besponding electron | herein stated, and that<br>he assets and liabilitie<br>eriod ended, and have<br>hat: (1) state law ma<br>st of their information<br>ic filing with the NAIC |
| Michael Allen Ge  |  |   | Robin Dams   |  |  | am Robert Bar  |   |
| President   |  |   | Treasur  | eı   |  | Assistant Secre  | ,   |
|   |  |   |  |  | a. Is this an original fil   | ing?   | Yes [ X ] No [ ]  |
| Subscribed and sworn to   |  |   |  |  | b. If no:  |  |   |
| day of  | - ,  |   |  |  | <ol> <li>State the amendr</li> <li>Date filed</li> </ol>   | nent number  |   |
|   |  |   |  |  | Number of pages  | attached   |   |
|   |  |   |  |  |  | <del>-</del>   |   |
| Roderick Irwin Curry, Nota<br>August 14, 2027   | ry   |   |  |  |  |  |   |

# **ASSETS**

|       |   |            | Current Statement Date    |   | 4  |
|-------|---|------------|---------------------------|---|--|
|       |   | 1          | 2                         | 3                                       | December 5:                                |
|       |   | Assets     | Nonadmitted Assets        | Net Admitted Assets<br>(Cols. 1 - 2)    | December 31 Prior Year Net Admitted Assets |
| 1     | Bonds   | 7133013    | TVOHIDATTIILE CO 7 (33CLS | 0                                       | 0  |
| i     | Stocks:   |            |                           |   |  |
|       | 2.1 Preferred stocks  |            |                           | 0                                       | 0  |
|       | 2.2 Common stocks   | i          |                           |   | 0  |
| 3.    | Mortgage loans on real estate:  |            |                           |   |  |
|       | 3.1 First liens   |            |                           | 0                                       | 0  |
|       | 3.2 Other than first liens  |            |                           | 0                                       | 0  |
| 4.    | Real estate:  |            |                           |   |  |
|       | 4.1 Properties occupied by the company (less                            |            |                           |   |  |
|       | \$ encumbrances)  |            |                           | 0                                       | 0  |
|       | 4.2 Properties held for the production of income                        |            |                           |   |  |
|       | (less \$ encumbrances)  |            |                           | 0                                       | 0  |
|       | 4.3 Properties held for sale (less                                      |            |                           |   |  |
|       | \$ encumbrances)  |            |                           | 0                                       | 0  |
| 5.    | Cash (\$34,128,291 ),   |            |                           |   |  |
|       | cash equivalents (\$40,099,419 )  |            |                           |   |  |
|       | and short-term investments (\$0 )                                       | i e        |                           |   |  |
|       | Contract loans (including \$premium notes)                              |            |                           | 0                                       | 0  |
|       | Derivatives   |            |                           | 0                                       | 0  |
|       | Other invested assets   |            |                           |   | 0  |
| 1     | Receivables for securities  |            |                           |   | 0  |
|       | Securities lending reinvested collateral assets                         |            | 0                         |   | 0  |
|       | Aggregate write-ins for invested assets                                 |            |                           |   | 0<br>65 042 346                            |
| ı     | Title plants less \$  | 14,221,710 |                           | 14,221,110                              | 00,942,340                                 |
| 13.   | only)   |            |                           | 0                                       | 0  |
| 14    | Investment income due and accrued                                       |            |                           |   | 15.994                                     |
| i     | Premiums and considerations:  |            |                           |   |  |
| 10.   | 15.1 Uncollected premiums and agents' balances in the course of         |            |                           |   |  |
|       | collection  | 3,562,682  |                           | 3,562,682                               | 3,728,683                                  |
|       | 15.2 Deferred premiums, agents' balances and installments booked but    |            |                           | , | , , , , , ,                                |
|       | deferred and not yet due (including \$earned                            |            |                           |   |  |
|       | but unbilled premiums)  |            |                           | 0                                       | 0  |
|       | 15.3 Accrued retrospective premiums (\$) and                            |            |                           |   |  |
|       | contracts subject to redetermination (\$)                               | 790,938    |                           | 790,938                                 | 3,106,910                                  |
| 16.   | Reinsurance:  |            |                           |   |  |
|       | 16.1 Amounts recoverable from reinsurers                                |            |                           |   | 1,112,618                                  |
|       | 16.2 Funds held by or deposited with reinsured companies                |            |                           |   | 0  |
|       | 16.3 Other amounts receivable under reinsurance contracts               |            |                           |   | 0  |
|       | Amounts receivable relating to uninsured plans                          |            |                           |   | 0  |
| 1     | Current federal and foreign income tax recoverable and interest thereon |            |                           |   |  |
| ı     | 2 Net deferred tax asset  |            |                           |   | 0  |
| i     | Guaranty funds receivable or on deposit                                 |            | i e                       | i i                                     | 0  |
| 20.   | 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                                 |            |                           | 0                                       | 0  |
| 21.   | Furniture and equipment, including health care delivery assets (\$      |            |                           |   | 0  |
| 22    | (\$   |            |                           |   | 0  |
|       | Receivables from parent, subsidiaries and affiliates                    |            |                           | 2,015,172                               | 2,303,113                                  |
|       | Health care (\$) and other amounts receivable                           |            |                           | 2,013,172                               |  |
|       | Aggregate write-ins for other-than-invested assets                      |            |                           | 6 ,867 ,118                             |  |
| l     | Total assets excluding Separate Accounts, Segregated Accounts and       | , 300, 101 | ,                         | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,    |
|       | Protected Cell Accounts (Lines 12 to 25)                                | 92,957,503 | 19,583                    | 92,937,920                              | 88,718,831                                 |
| 27.   | From Separate Accounts, Segregated Accounts and Protected               |            | , -                       | , ,                                     | ,  |
|       | Cell Accounts   |            |                           | <u> </u>                                | 0  |
| 28.   | Total (Lines 26 and 27)   | 92,957,503 | 19,583                    | 92,937,920                              | 88,718,831                                 |
|       | DETAILS OF WRITE-INS  |            |                           |   |  |
| 1101. |   |            |                           |   |  |
| 1102. |   | i          | i                         | i i                                     |  |
| 1103. |   |            |                           |   |  |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page           | 0          | 0                         | 0                                       | 0  |
| 1199. | Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)              | 0          | 0                         | 0                                       | 0  |
| 2501. | Deposits  | 19,583     | 19,583                    |   | 0  |
| 2502. | Michigan income tax refund due  |            |                           | 0                                       | 710 , 152                                  |
| i     | MDHHS receivable for IPA tax  | 1          |                           | 6 , 867 , 118                           | 5,276,469                                  |
| 1     | Summary of remaining write-ins for Line 25 from overflow page           |            | 0                         | 0                                       | 0  |
| 2599. | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)              | 6,886,701  | 19,583                    | 6,867,118                               | 5,986,621                                  |

# **LIABILITIES, CAPITAL AND SURPLUS**

|          | LIABILITIES, CAP  |            | Current Period |                                       | Prior Year |
|----------|---|------------|----------------|---------------------------------------|------------|
|          |   | 1          | 2              | 3                                     | 4          |
|          |   | Covered    | Uncovered      | Total                                 | Total      |
|          | aims unpaid (less \$ reinsurance ceded)                                       |            |                |                                       |            |
|          | ccrued medical incentive pool and bonus amounts                               |            |                |                                       | 1,389,645  |
| l        | npaid claims adjustment expenses  | 625,000    |                | 625,000                               | 625,000    |
| i -      | ggregate health policy reserves including the liability of                    |            |                |                                       |            |
| i        | for medical loss ratio rebate per the Public Health                           |            |                |                                       |            |
| i        | ervice Act  |            |                | · · · · · · · · · · · · · · · · · · · |            |
|          | ggregate life policy reserves   |            |                |                                       | 0          |
|          | operty/casualty unearned premium reserve                                      |            |                |                                       | 0          |
|          | ggregate health claim reserves  |            |                |                                       |            |
|          | remiums received in advance   |            |                |                                       |            |
| 1        | eneral expenses due or accrued  | 9,469,187  |                | 9,469,187                             | 8,259,535  |
|          | urrent federal and foreign income tax payable and interest thereon (including |            |                |                                       |            |
|          | on realized gains (losses))   |            |                |                                       |            |
| 1        | let deferred tax liability  |            |                |                                       | 0          |
|          | eded reinsurance premiums payable   |            |                |                                       | 0          |
| 12. An   | mounts withheld or retained for the account of others                         |            |                |                                       | 0          |
| 13. Re   | emittances and items not allocated  |            |                | 0                                     | 0          |
| 14. Bo   | prrowed money (including \$ current) and                                      |            |                |                                       |            |
| i        | terest thereon \$ (including  |            |                |                                       |            |
| \$ .     | current)  |            |                |                                       | 0          |
| 15. An   | mounts due to parent, subsidiaries and affiliates                             | 2,675,607  |                | 2,675,607                             | 2,658,720  |
| i        | erivatives  |            |                | i                                     | 0          |
| 17. Pa   | ayable for securities   |            |                | 0                                     | 0          |
| 18. Pa   | ayable for securities lending   |            |                | 0                                     | 0          |
| 19. Fu   | unds held under reinsurance treaties (with \$                                 |            |                |                                       |            |
| au       | nthorized reinsurers, \$ unauthorized reinsurers                              |            |                |                                       |            |
| an       | nd \$ certified reinsurers)   |            |                | 0                                     | 0          |
| 20. Re   | einsurance in unauthorized and certified (\$)                                 |            |                |                                       |            |
| со       | ompanies  |            |                | 0                                     | 0          |
| 21. Ne   | et adjustments in assets and liabilities due to foreign exchange rates        |            |                | 0                                     | 0          |
| 22. Lia  | ability for amounts held under uninsured plans                                |            |                | 0                                     | 0          |
| 23. Ag   | ggregate write-ins for other liabilities (including \$                        |            |                |                                       |            |
| cu       | ırrent)   | 261,460    | 0              | 261,460                               | 430,883    |
| 24. To   | otal liabilities (Lines 1 to 23)  | 52,837,360 | 0              | 52,837,360                            | 57,721,002 |
|          | ggregate write-ins for special surplus funds                                  |            |                |                                       |            |
| 1        | ommon capital stock   |            |                |                                       | 0          |
| 27. Pr   | referred capital stock  | xxx        | xxx            |                                       | 0          |
| 1        | ross paid in and contributed surplus  |            |                |                                       | 24,234,402 |
| 29. Su   | urplus notes  | xxx        | XXX            |                                       | 0          |
| 30. Ag   | ggregate write-ins for other-than-special surplus funds                       | xxx        | XXX            | 0                                     | 0          |
| 31. Ur   | nassigned funds (surplus)   | xxx        | xxx            | 15,866,158                            | 6,763,427  |
| 1        | ess treasury stock, at cost:  |            |                |                                       |            |
| 32.      | .1shares common (value included in Line 26                                    |            |                |                                       |            |
| <b> </b> | `   | xxx        | xxx            |                                       | 0          |
| 32.      | .2shares preferred (value included in Line 27                                 |            |                |                                       |            |
| \$       | )   | xxx        | xxx            |                                       | 0          |
| 33. To   | otal capital and surplus (Lines 25 to 31 minus Line 32)                       |            |                |                                       | 30,997,829 |
| l        | otal liabilities, capital and surplus (Lines 24 and 33)                       | xxx        | XXX            | 92,937,920                            | 88,718,831 |
|          |   |            |                | . ,                                   | . , -      |
|          | ETAILS OF WRITE-INS   | 004 400    |                | 004 400                               | 400,000    |
|          | cheat liabilities   | ,          |                |                                       | 430,883    |
| 2302     |   |            |                | 0                                     | 0          |
| 2303     |   |            |                |                                       |            |
| 2398. Su | ummary of remaining write-ins for Line 23 from overflow page                  | 0          | 0              | 0                                     | 0          |
|          | otals (Lines 2301 through 2303 plus 2398) (Line 23 above)                     | 261,460    | 0              | 261,460                               | 430,883    |
|          |   |            |                | ·                                     | ·          |
|          |   |            |                |                                       | 0          |
| 2502     |   |            | i              |                                       |            |
| 2503     |   | xxx        | XXX            |                                       |            |
| 2598. St | ummary of remaining write-ins for Line 25 from overflow page                  | XXX        | XXX            | 0                                     | 0          |
|          | otals (Lines 2501 through 2503 plus 2598) (Line 25 above)                     | xxx        | xxx            | 0                                     | 0          |
|          | <u> </u>  |            |                | -                                     | •          |
|          |   |            |                | i                                     |            |
| 3002     |   | xxx        | XXX            |                                       |            |
| 3003     |   | XXX        | XXX            |                                       |            |
| 3098. Su | ummary of remaining write-ins for Line 30 from overflow page                  | XXX        | XXX            | 0                                     | 0          |
|          | · · · · · · · · · · · · · · · · · · ·   |            |                | 0                                     | 0          |
| 3099. To | otals (Lines 3001 through 3003 plus 3098) (Line 30 above)                     | XXX        | XXX            | U                                     | 0          |

# STATEMENT OF REVENUE AND EXPENSES

|                                       | STATEMENT OF REVENU  |                |   |                    |                                 |
|---------------------------------------|--|----------------|---|--------------------|---------------------------------|
|                                       |  | Current \      | /ear To Date                            | Prior Year To Date | Prior Year Ended<br>December 31 |
|                                       |  | 1<br>Uncovered | 2<br>Total                              | 3<br>Total         | 4<br>Total                      |
| 1.                                    | Member Months  | XXX            |   | 115,646            | 259,418                         |
| 2.                                    | Net premium income (including \$ non-health premium income)                            |                | 1                                       | 1                  | 1                               |
| 3.                                    | Change in unearned premium reserves and reserve for rate credits                       | 1              |   |                    |                                 |
| 4.                                    | Fee-for-service (net of \$medical expenses)  | i .            |   | 1                  |                                 |
| 5.                                    | Risk revenue   |                |   |                    |                                 |
| 6.                                    | Aggregate write-ins for other health care related revenues                             |                |   |                    |                                 |
| 7.<br>o                               | Aggregate write-ins for other non-nealth revenues  Total revenues (Lines 2 to 7)       |                |   |                    |                                 |
| 8.                                    | Total revenues (Lines 2 to 7)  |                | 100,233,200                             | 17,000,000         | 171,001,234                     |
| Hospita                               | al and Medical:  |                |   |                    |                                 |
| 9.                                    | Hospital/medical benefits  |                |   | 45,212,755         | 94 , 217 , 757                  |
| 10.                                   | Other professional services  |                |   |                    |                                 |
| 11.                                   |  | 1              | 1                                       | 1                  | 1                               |
| 12.                                   | Emergency room and out-of-area   | 1              | 1                                       | 1                  | 1                               |
| 13.                                   | Prescription drugs   | i              | i                                       | i                  | ı                               |
| 14.                                   | Aggregate write-ins for other hospital and medical                                     | ı              | 1                                       | 1                  | l                               |
| 15.                                   | Incentive pool, withhold adjustments and bonus amounts                                 | i              | 1                                       | i                  | l                               |
| 16.                                   | Subtotal (Lines 9 to 15)   |                | ) [                                     |                    | 154,740,094                     |
| Less:                                 |  |                |   |                    |                                 |
|                                       | Net reinsurance recoveries   |                |   | 499,500            | 1,251,568                       |
| 18.                                   | Total hospital and medical (Lines 16 minus 17)   | ı              | 1                                       | 1                  | 1                               |
| 19.                                   | Non-health claims (net)  |                |   | 0                  | 0                               |
| 20.                                   | Claims adjustment expenses, including \$ 1,801,917 cost containment expenses.          |                | 2,737,089                               | 2,435,872          | 4,657,893                       |
| 21.                                   | General administrative expenses  | i              | 19,989,890                              | 17,539,573         | 35 , 137 , 623                  |
| 22.                                   | ` "  |                |   |                    |                                 |
|                                       | \$ increase in reserves for life only)   | 1              | · '                                     | 1                  | 1                               |
|                                       | Total underwriting deductions (Lines 18 through 22)                                    | l .            | 1                                       | 1                  |                                 |
| 24.                                   | Net underwriting gain or (loss) (Lines 8 minus 23)                                     |                |   |                    |                                 |
| 25.                                   | Net investment income earned   |                | 1                                       |                    | 1                               |
|                                       | Net realized capital gains (losses) less capital gains tax of \$                       | i .            | 1                                       |                    |                                 |
| 27.<br>28.                            | Net gain or (loss) from agents' or premium balances charged off [(amount recovered     |                | 0,730                                   | 103, 174           | 190,354                         |
| 20.                                   | \$   |                |   | 0                  | 0                               |
| 29.                                   | Aggregate write-ins for other income or expenses                                       |                |   |                    | i                               |
|                                       | Net income or (loss) after capital gains tax and before all other federal income taxes |                | , | ,210,100           | ,,0,002,000                     |
|                                       | (Lines 24 plus 27 plus 28 plus 29)   | xxx            | 11,464,212                              | 1                  | 1                               |
|                                       | Federal and foreign income taxes incurred  | xxx            |   |                    |                                 |
| 32.                                   | Net income (loss) (Lines 30 minus 31)  | XXX            | 9,077,274                               | (5,753,864)        | (13,098,477)                    |
| 0004                                  | DETAILS OF WRITE-INS Child & Adolescent Health Center Fee                              |                | (0E 707)                                | (70, 444)          | (140, 627)                      |
| 0601.                                 | Reimbursement for MCO Tax  | İ              | 1 '                                     | 1 '                | i '                             |
| 0603.                                 | Ne ilibui Scilietti Toti moo Tax   | İ              | 1                                       | 0                  | ]<br>                           |
| 0698.                                 | Summary of remaining write-ins for Line 6 from overflow page                           | XXX            |   | 0                  | 0                               |
| 0699.                                 | Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)                              | XXX            | 6,781,391                               |                    | (149,637)                       |
| 0701.                                 |  | xxx            |   | ` .                | 0                               |
| 0702.                                 |  | xxx            |   |                    |                                 |
| 0703.                                 |  | xxx            |   |                    |                                 |
| 0798.                                 | Summary of remaining write-ins for Line 7 from overflow page                           | xxx            | 0                                       | 0                  | 0                               |
| 0799.                                 | Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)                              | XXX            | 0                                       | 0                  | 0                               |
| 1401.                                 |  |                |   |                    |                                 |
| 1402.                                 |  |                |   | <del> </del>       |                                 |
| 1403.                                 |  | i              | 1                                       | -                  | -                               |
| 1498.                                 | .,   | 1              |   | J0                 | 0<br>-                          |
| 1499.                                 | Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)                             |                | 0                                       |                    | 40.550.000                      |
| 2901.                                 | Reimbursement for MCO Tax  |                | İ                                       | 1 ' '              | 10,552,938                      |
| 2902.                                 |  |                | i                                       | 0                  | 0<br>                           |
| <ul><li>2903.</li><li>2998.</li></ul> | Summary of remaining write-ins for Line 29 from overflow page                          | 1              |   | 0                  | n                               |
| 2999.                                 |  |                | )   0                                   | 1                  | 10,552,938                      |

**STATEMENT OF REVENUE AND EXPENSES (Continued)** 

|       | STATEMENT OF REVENUE AND EX  | PENSES                  | Continue              | a)                                 |
|-------|--|-------------------------|-----------------------|------------------------------------|
|       |  | 1                       | 2                     | 3                                  |
|       |  | Current Year<br>To Date | Prior Year<br>To Date | Prior Year<br>Ended<br>December 31 |
|       |  |                         |                       |                                    |
|       | CAPITAL & SURPLUS ACCOUNT  |                         |                       |                                    |
|       | SALTIAL WOOK LOO ACCOUNT   |                         |                       |                                    |
| 33.   | Capital and surplus prior reporting year                                     | 30,997,829              | 28 , 554 , 572        | 28 , 554 , 578                     |
| 34.   | Net income or (loss) from Line 32  |                         |                       |                                    |
| 35.   | Change in valuation basis of aggregate policy and claim reserves             |                         |                       |                                    |
| 36.   | Change in net unrealized capital gains (losses) less capital gains tax of \$ |                         |                       |                                    |
|       | Change in net unrealized foreign exchange capital gain or (loss)             |                         |                       |                                    |
| 37.   |  |                         |                       |                                    |
| 38.   | Change in net deferred income tax  |                         |                       |                                    |
| 39.   | Change in nonadmitted assets   |                         |                       |                                    |
| 40.   | Change in unauthorized and certified reinsurance                             |                         |                       |                                    |
| 41.   | Change in treasury stock   | 0                       | 0                     | 0                                  |
| 42.   | Change in surplus notes  | 0                       | 0                     | 0                                  |
| 43.   | Cumulative effect of changes in accounting principles                        |                         | 0                     | 0                                  |
| 44.   | Capital Changes:   |                         |                       |                                    |
|       | 44.1 Paid in   |                         | 0                     | 0                                  |
|       | 44.2 Transferred from surplus (Stock Dividend)                               |                         | 0                     | 0                                  |
|       | 44.3 Transferred to surplus  |                         | 0                     | 0                                  |
| 45.   | Surplus adjustments:   |                         |                       |                                    |
|       | 45.1 Paid in   |                         | 0                     | 15,096,184                         |
|       | 45.2 Transferred to capital (Stock Dividend)                                 | 0                       | 0                     | 0                                  |
|       | 45.3 Transferred from capital  |                         | 0                     | 0                                  |
| 46.   | Dividends to stockholders  |                         | 0                     | 0                                  |
| 47.   | Aggregate write-ins for gains or (losses) in surplus                         | 0                       | 0                     | 0                                  |
| 48.   | Net change in capital and surplus (Lines 34 to 47)                           |                         |                       | 2,443,251                          |
| 49.   | Capital and surplus end of reporting period (Line 33 plus 48)                | 40,100,560              | 22,804,114            | 30,997,829                         |
|       |  | 10,100,000              | 22,001,111            | 00,001,020                         |
|       | DETAILS OF WRITE-INS   |                         |                       | 0                                  |
| 4701. |  |                         | 0                     | 0                                  |
| 4702. |  |                         |                       |                                    |
| 4703. |  |                         |                       |                                    |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page                | 0                       | 0                     | 0                                  |
| 4799. | Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)                   | 0                       | 0                     | 0                                  |

# **CASH FLOW**

|     |  | 1            | 2              | 3                |
|-----|--|--------------|----------------|------------------|
|     |  | Current Year | Prior Year     | Prior Year Ended |
|     |  | To Date      | To Date        | December 31      |
|     | Cash from Operations   |              |                |                  |
| 1.  | Premiums collected net of reinsurance.   | 101,639,876  | 80 , 817 , 031 | 182 , 525 , 70   |
| 2.  | Net investment income  | 22,732       | 228, 176       | 244 , 18         |
| 3.  | Miscellaneous income   | 6,781,391    | (72,411)       | (149,6           |
| 4.  | Total (Lines 1 to 3)   | 108,443,999  | 80,972,796     | 182,620,2        |
| 5.  | Benefit and loss related payments  | 77 ,381 ,924 | 68,694,594     | 152,994,3        |
| 6.  | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts                            |              | 0              |                  |
| 7.  | Commissions, expenses paid and aggregate write-ins for deductions  | 21,517,328   | 17,608,378     | 33,925,5         |
| 8.  |  |              | 0              |                  |
| 9.  | Federal and foreign income taxes paid (recovered) net of \$  |              |                |                  |
|     | gains (losses)   | 2,386,938    | 0              |                  |
| 10. | Total (Lines 5 through 9)  | 101,286,190  | 86,302,972     | 186,919,9        |
|     | Net cash from operations (Line 4 minus Line 10)  | 7,157,809    | (5,330,176)    | (4,299,6         |
|     | Cash from Investments  | .,,          | (0,000,)       | ( , , = 0 , ,    |
| 12  | Proceeds from investments sold, matured or repaid:   |              |                |                  |
|     |  | 0            | 0              |                  |
|     | 12.2 Stocks  | 0            | 0              |                  |
|     | 12.3 Mortgage loans  | 0            | 0              |                  |
|     | 12.4 Real estate   | 0            | 0              |                  |
|     | 12.5 Other invested assets   | 0            | 0              |                  |
|     | 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments                                |              | 0              |                  |
|     | 12.7 Miscellaneous proceeds  | 0            | 0              |                  |
|     |  | •            | 0              |                  |
| 13  | Cost of investments acquired (long-term only):   |              | 0              |                  |
| 10. | 13.1 Bonds   | 0            | 0              |                  |
|     | 13.2 Stocks  | 0            | Λ              |                  |
|     | 13.3 Mortgage loans  | 0            | Ω              |                  |
|     | 13.4 Real estate   | 0            | 0              |                  |
|     | 13.5 Other invested assets   | 0            | 0              |                  |
|     | 13.6 Miscellaneous applications  | 0            | Ω              |                  |
|     | * *  | 0            | 0              |                  |
| 11  | 13.7 Total investments acquired (Lines 13.1 to 13.6)   | 0            | 0              |                  |
|     | Net increase (or decrease) in contract loans and premium notes   | Ů            | •              |                  |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)  | 0            | 0              |                  |
|     | Cash from Financing and Miscellaneous Sources  |              |                |                  |
| 16. | Cash provided (applied):   |              |                |                  |
|     | 16.1 Surplus notes, capital notes  |              | 0              | 45 500 /         |
|     | 16.2 Capital and paid in surplus, less treasury stock  |              | 0              | 15,500,0         |
|     | 16.3 Borrowed funds  | 0            | 0              |                  |
|     | 16.4 Net deposits on deposit-type contracts and other insurance liabilities                                    |              | 0              |                  |
|     | 16.5 Dividends to stockholders   |              | 0              |                  |
|     | 16.6 Other cash provided (applied)   | 1,127,554    | (982, 150)     | (743,1           |
| 17. | Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 1,127,554    | (982, 150)     | 14,756,8         |
|     | RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS  |              |                |                  |
|     | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)                | 8,285,363    | (6,312,326)    | 10 , 457 , 1     |
|     | Cash, cash equivalents and short-term investments:   |              |                |                  |
|     | 19.1 Beginning of year   |              | 55 , 485 , 176 |                  |
|     | 19.2 End of period (Line 18 plus Line 19.1)  | 74,227,709   | 49,172,850     | 65,942,3         |

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#### STATEMENT AS OF JUNE 30, 2021 OF THE HAP Empowered Health Plan, Inc.

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

|   | 1           | Compreh<br>(Hospital & | ensive<br>Medical) | 4                      | 5              | 6              | 7   | 8                       | 9                     | 10    |
|---|-------------|------------------------|--------------------|------------------------|----------------|----------------|---|-------------------------|-----------------------|-------|
|   | Total       | 2<br>Individual        | 3<br>Group         | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other |
| Total Members at end of:                                  |             |                        |                    |                        | - ,            | - <b>,</b>     |   |                         |                       |       |
| 1. Prior Year   | 24,992      |                        | 0                  | 0                      | 0              | 0              | 0   | 4,682                   | 20,310                |       |
| 2. First Quarter  | 27,910      | 0                      | 0                  | 0                      | 0              | 0              | 0   | 4,472                   | 23,438                |       |
| 3. Second Quarter   | 30,362      | 0                      | 0                  | 0                      | 0              | 0              | 0   | 4,592                   | 25,770                |       |
| 4. Third Quarter  | 0           |                        | 0                  | 0                      | 0              | 0              | 0   | 0                       | 0                     |       |
| 5. Current Year   | 169,176     |                        |                    |                        |                |                |   | 27 , 197                | 141,979               |       |
| 6. Current Year Member Months                             | 0           |                        |                    |                        |                |                |   |                         |                       |       |
| Total Member Ambulatory Encounters for Period:            |             |                        |                    |                        |                |                |   |                         |                       |       |
| 7. Physician  | 200 ,752    |                        |                    |                        |                |                |   | 119,869                 | 80,883                |       |
| 8. Non-Physician  | 38,228      |                        |                    |                        |                |                |   | 13,826                  | 24,402                |       |
| 9. Total  | 238,980     | 0                      | 0                  | 0                      | 0              | 0              | 0   | 133,695                 | 105,285               |       |
| 10. Hospital Patient Days Incurred                        | 9,339       |                        |                    |                        |                |                |   | 4,373                   | 4,966                 |       |
| 11. Number of Inpatient Admissions                        | 1,575       |                        |                    |                        |                |                |   | 571                     | 1,004                 |       |
| 12. Health Premiums Written (a)                           | 101,473,875 |                        |                    |                        |                |                |   | 62,947,855              | 38,526,020            |       |
| 13. Life Premiums Direct                                  | 0           |                        |                    |                        |                |                |   |                         |                       |       |
| 14. Property/Casualty Premiums Written                    | 0           |                        |                    |                        |                |                |   |                         |                       |       |
| 15. Health Premiums Earned                                | 101,473,875 |                        |                    |                        |                |                |   | 62,947,855              | 38,526,020            |       |
| 16. Property/Casualty Premiums Earned                     |             |                        |                    |                        |                |                |   |                         |                       |       |
| 17. Amount Paid for Provision of Health Care Services     | 80,430,621  |                        |                    |                        |                |                |   | 48 , 248 , 110          | 32,182,511            |       |
| 18. Amount Incurred for Provision of Health Care Services | 77,183,322  |                        |                    |                        |                |                |   | 45,109,366              | 32,073,956            |       |

<sup>(</sup>a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

# **CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

| Aging Analysis of Unpaid Claims                              |             |              |              |               |               |            |  |  |
|--|-------------|--------------|--------------|---------------|---------------|------------|--|--|
| 1  | 2           | 3            | 4            | 5             | 6             | 7          |  |  |
| Account  | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Total      |  |  |
| Claims unpaid (Reported)                                     |             |              |              |               |               |            |  |  |
|  |             |              |              |               | ······        |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               | ļ             |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               | ······        |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               |               |            |  |  |
|  |             |              |              |               |               |            |  |  |
| 0199999 Individually listed claims unpaid                    | <b> </b> 0  | 0            | 0            | 0             | L0 L.         | 0          |  |  |
| 0299999 Aggregate accounts not individually listed-uncovered | 98,934      | 1,074        | (19)         | 621           | 9,202         | 109,812    |  |  |
| 0399999 Aggregate accounts not individually listed-covered   | 2,323,070   | (73,444)     | (9,793)      | (16,665)      | (211,971)     | 2,011,197  |  |  |
| 0499999 Subtotals  | 2,422,004   | (72,370)     | (9,812)      | (16,044)      | (202,769)     | 2,121,009  |  |  |
| 0599999 Unreported claims and other claim reserves           | XXX         | XXX          | XXX          | XXX           | XXX           | 26,870,015 |  |  |
| 0699999 Total amounts withheld                               | XXX         | XXX          | XXX          | XXX           | XXX           |            |  |  |
| 0799999 Total claims unpaid                                  | XXX         | XXX          | XXX          | XXX           | XXX           | 28,991,024 |  |  |
| 0899999 Accrued medical incentive pool and bonus amounts     | XXX         | XXX          | XXX          | XXX           | XXX           | 815,081    |  |  |

## **UNDERWRITING AND INVESTMENT EXHIBIT**

#### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

|   | Clai<br>Paid Year                                     | ms                                   | Liab<br>End of Curr                                  |                                      | 5  | 6   |
|---|---|--------------------------------------|--|--------------------------------------|--|---|
| Line of Business                              | On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3<br>On<br>Claims Unpaid<br>Dec. 31<br>of Prior Year | 4 On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim<br>Reserve and Claim<br>Liability<br>Dec. 31 of<br>Prior Year |
| Comprehensive (hospital and medical)          |   |                                      |  |                                      | 0  | 0   |
| Medicare Supplement                           |   |                                      |  |                                      | 0  | 0   |
| 3. Dental only                                |   |                                      |  |                                      | 0  | 0   |
| 4. Vision only                                |   |                                      |  |                                      | 0  | 0   |
| 5. Federal Employees Health Benefits Plan     |   |                                      |  |                                      | 0  | 0   |
| 6. Title XVIII - Medicare                     | 11,727,207  | 36,520,902                           | 1,455,628  | 14,507,320                           | 13,182,835                                     | 18 , 249 , 745  |
| 7. Title XIX - Medicaid                       | 6,643,523   | 25 , 538 , 988                       | 2,786,181  | 10,241,897                           | 9,429,704                                      | 13,404,580  |
| 8. Other health                               |   |                                      |  |                                      | 0  | 0   |
| 9. Health subtotal (Lines 1 to 8)             | 18,370,730  | 62,059,890                           | 4,241,809  | 24 ,749 ,217                         | 22,612,539                                     | 31,654,325  |
| 10. Health care receivables (a)               |   |                                      | 1 ,247 , 176   | 1,898,250                            | 1 ,247 ,176                                    | 2,873,588   |
| 11. Other non-health                          |   |                                      |  |                                      | 0  | 0   |
| 12. Medical incentive pools and bonus amounts |   |                                      | 437 ,707   | 377 , 374                            | 587,602  | 1,389,644   |
| 13. Totals (Lines 9-10+11+12)                 | 18,520,625  | 62,059,890                           | 3,432,340  | 23,228,341                           | 21,952,965                                     | 30,170,381  |

<sup>(</sup>a) Excludes \$ ...... loans or advances to providers not yet expensed.

#### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### A. Accounting Practices

Accounting Practices - The accompanying financial statements of HAP Empowered Health Plan, Inc. (the Corporation) have been prepared in accordance with the *NAIC Accounting Practices and Procedures Manual (NAPPM)* and the NAIC Annual and Quarterly Statement Instructions (NASI) to the extent that these accounting practices, procedures and reporting standards are not modified by accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS).

DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining the financial condition and results of operation of an insurance company. The NAPPM has been adopted as a component of prescribed or permitted practices by DIFS.

A reconciliation of the Corporation's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan are shown below:

|  | SSAP# | F/S<br><u>Page</u> | F/S<br>Line # | 2021         | 2020           |
|--|-------|--------------------|---------------|--------------|----------------|
| NET INCOME   |       |                    |               |              |                |
| (1) MHP state basis (Page 4, Line 32, Columns 2 & 4)                   | XXX   | XXX                | XXX           | \$9,077,274  | \$(13,098,479) |
| (2) State Prescribed Practices that increase/(decrease) NAIC SAP: NONE |       |                    |               |              |                |
| (3) State Permitted Practices that increase/(decrease) NAIC SAP: NONE  |       |                    |               |              |                |
| (4) NAIC SAP (1-2-3=4)   | XXX   | XXX                | XXX           | \$9,077,274  | \$(13,098,479) |
| SURPLUS  |       |                    |               |              |                |
| (5) MHP state basis (Page 3, Line 33, Columns 3 & 4)                   | XXX   | XXX                | XXX           | \$40,100,560 | \$30,997,829   |
| (6) State Prescribed Practices that increase/(decrease) NAIC SAP: NONE |       |                    |               |              |                |
| (7) State Permitted Practices that increase/(decrease) NAIC SAP: NONE  |       |                    |               |              |                |
| (8) NAIC SAP (5-6-7=8)   | XXX   | XXX                | XXX           | \$40,100,560 | \$30,997,829   |

- B. Use of Estimates in the Preparation of the Financial Statements No significant change.
- C. Accounting Policy No significant changes except as follows.
  - (6) Loan-Backed Securities the Corporation does not own invested assets that are loan-backed securities during 2021.
- D. Going Concern

Management does not consider there to be any present conditions or events that would raise substantial doubt about the Corporation's ability to continue as a going concern.

#### 2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

Not applicable.

#### 3. BUSINESS COMBINATIONS AND GOODWILL

- A. Statutory Purchase Method Not applicable.
- B. Statutory Merger Not applicable.
- C. Assumption Reinsurance Not applicable.
- D. Impairment Loss Not applicable.

#### **NOTES TO FINANCIAL STATEMENTS**

#### 4. DISCONTINUED OPERATIONS

Not applicable.

#### 5. INVESTMENTS

- A. Mortgage Loans, including Mezzanine Real Estate Loans Not applicable.
- B. Debt Restructuring Not applicable.
- C. Reverse Mortgages Not applicable.
- D. Loan-Backed Securities Not applicable.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions Not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowings Not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowings Not applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale Not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not applicable.
- J. Real Estate Not applicable.
- K. Investments in Low-Income Housing Tax Credits Not applicable.
- L. Restricted Assets No significant change.
- M. Working Capital Finance Investments Not applicable.
- N. Offsetting and Netting of Assets and Liabilities Not applicable.
- O. Structured Notes Not applicable.
- P. 5\* Securities Not applicable.
- Q. Short Sales Not applicable.
- R. Prepayment Penalties and Acceleration Fees Not applicable.

#### 6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

Not applicable.

#### 7. INVESTMENT INCOME

Not applicable.

#### 8. DERIVATIVE INSTRUMENTS

Not applicable.

#### 9. INCOME TAXES

No significant change.

#### 10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

No significant change.

#### 11. **DEBT**

Not applicable.

# 12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

Not applicable.

#### 13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

- 1. Capital Stock Not applicable.
- 2. Preferred Stock Not applicable.
- 3. Dividend Restrictions No significant change.
- 4. Dividends Paid Not applicable.
- 5. Portion of Company's profits that may be paid as ordinary dividends No significant change.
- 6. Restrictions on unassigned funds (surplus) Not applicable.
- 7. Advances to surplus not repaid Not applicable.
- 8. Total amount of stock held by the Company for special purposes Not applicable.
- 9. Changes in special Surplus funds Not applicable.
- 10. There are no cumulative unrealized gains and losses that reduce Unassigned funds (Surplus)
- 11. Surplus Notes Not applicable.
- 12. The impact of any restatement due to a quasi-reorganization Not applicable.
- 13. The effective date of any quasi-reorganization Not applicable.

#### 14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

- A. Contingent Commitments Not applicable.
- B. Assessments No significant change.
- C. Gain Contingencies Not applicable.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits Not applicable.
- E. Joint and Several Liabilities Not applicable.
- F. All Other Contingencies Not applicable.

#### 15. LEASES

No significant change.

# 16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

Not applicable.

#### 17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

Not applicable.

# 18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY UNINSURED PLANS

A. ASO Plans – The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans are as follows during 2021.

|   | ASO  | <b>Uninsured Portion</b>  |   |
|---|--|---|---|
|   | Uninsured  | of  | Total   |
|   | _,   | •   |   |
|   | Plans  | Plans   | ASO   |
|   |  |   |   |
| Net reimbursement for administrative expenses       |  |   |   |
| (including administrative fees) in excess of actual |  |   |   |
| expenses  | \$11,960,468   |   | \$11,960,468  |
|   | Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses | Uninsured  Plans  Net reimbursement for administrative expenses (including administrative fees) in excess of actual | Uninsured of Partially Insured Plans Plans  Net reimbursement for administrative expenses (including administrative fees) in excess of actual |

- b Total net other income or expense (including
- . interest paid to or received from plans)

- c. Total net gain or loss from operations
- d The claim payment volume
- B. ASC Plans Not applicable.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract No significant change.
  - (1) Major components of revenue by payer Not applicable.
  - (2) Receivables from payors with account balances the greater of 10% of amounts receivable relating to uninsured accident and health plans of \$10,000.

Centers for Medicare and Medicaid Services (CMS)  $\frac{2021}{\$0}$   $\frac{2020}{\$0}$ 

# 19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not applicable.

#### 20. FAIR VALUE MEASUREMENT

A. 1. The Company reports certain investments in the Company's statement of assets, liabilities surplus and other funds as of June 30, 2021 at fair value which are summarized in the table below. There are no other assets and liabilities which are reported at fair value in the statement of assets, liabilities surplus and other funds as of June 30, 2021.

Description (Level 1) (Level 2) (Level 3) (NAV) Total
Cash Equivalents
Money Market Funds \$40,099,419 \$40,099,419

- B. Other Fair Value Information Not applicable.
- C. Aggregate fair values of all financial instruments and applicable levels within the fair value hierarchy:

Type of Practicable Admitted Net Asset Aggregate Financial Value Fair Assets/ Carrying Value **Instrument** Value Liabilities (Level 1) (Level 2) (NAV) (Level 3)

Not

Money Market Funds \$40,099,419 \$40,099,419 \$40,099,419

D. Financial instruments or classes of financial instruments for which fair value measurements are not determinable - Not applicable.

#### 21. OTHER ITEMS

- A. Unusual or Infrequent Items Not applicable.
- B. Troubled Debt Restructuring: Debtors Not applicable.
- C. Other Disclosures No significant change.
- D. Business Interruption Insurance Recoveries Not applicable.
- $E. \quad State \ Transferable \ and \ Non-transferable \ Tax \ Credits-Not \ applicable.$
- F. Subprime-Mortgage Related Risk Exposure Not applicable.
- G. Retained Assets Not applicable.
- H. Insurance-Linked Securities (ILS) Contracts Not applicable.

#### 22. EVENTS SUBSEQUENT

Not applicable.

#### 23. REINSURANCE

No significant change.

#### 24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

A – D. No significant change.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – Not applicable.

#### 25. CHANGE IN INCURRED CLAIMS AND CLAIM ADJUSTMENT EXPENSES

Reserves as of December 31, 2020 were \$32,279,000. As of June 30, 2021, \$19,047,906 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$3,528,142. As a result of re-estimation of unpaid claims and claim adjustment expenses therefore, there has been a \$9,041,786 favorable prior-year development since December 31, 2020 to June 30, 2021. The decrease is generally the result of ongoing analysis of recent gain and loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

#### 26. INTERCOMPANY POOLING ARRANGEMENTS

Not applicable.

#### 27. STRUCTURED SETTLEMENTS

Not applicable.

#### 28. HEALTH CARE RECEIVABLES

- A. Pharmaceutical Rebate Receivables No significant change.
- B. Risk Sharing Receivables No significant change

#### 29. PARTICIPATING POLICIES

Not applicable.

#### 30. PREMIUM DEFICIENCY RESERVES

SSAP No. 54R "Individual and Group Accident and Health Contracts" requires companies to record an additional liability known as premium deficiency reserve when expected claim payments or incurred costs, claim adjustment expenses and administration cost exceed the premiums to be collected for the remainder of a contract period. HAP Empowered has a premium deficiency reserve of \$3 million as of June 30, 2021.

#### 31. ANTICIPATED SALVAGE AND SUBROGATION

Not applicable.

### **GENERAL INTERROGATORIES**

# PART 1 - COMMON INTERROGATORIES GENERAL

| 1.1 | Did the reporting entity experience any material Domicile, as required by the Model Act?          |   | Yes                                 | []                 | No [X]      |            |     |         |
|-----|---|---|-------------------------------------|--------------------|-------------|------------|-----|---------|
| 1.2 | • •   | ary state?  |                                     |                    |             | Yes        | []  | No [ ]  |
| 2.1 | Has any change been made during the year of treporting entity?                                    | his statement in the charter, by-laws, articles of in   | corporation, or c                   | leed of settlen    | nent of the | Yes        | []  | No [X]  |
| 2.2 | If yes, date of change:   |   |                                     |                    |             |            |     |         |
| 3.1 |   | Holding Company System consisting of two or n   |                                     |                    |             | Yes        | [X] | No [ ]  |
|     | If yes, complete Schedule Y, Parts 1 and 1A.  |   |                                     |                    |             |            |     |         |
| 3.2 | Have there been any substantial changes in the  |   | Yes                                 | []                 | No [X]      |            |     |         |
| 3.3 | If the response to 3.2 is yes, provide a brief des  | cription of those changes.  |                                     |                    |             |            |     |         |
| 3.4 | Is the reporting entity publicly traded or a memb   | er of a publicly traded group?  |                                     |                    |             | Yes        | []  | No [X]  |
| 3.5 | If the response to 3.4 is yes, provide the CIK (C   | entral Index Key) code issued by the SEC for the  | entity/group                        |                    |             |            |     |         |
| 4.1 | Has the reporting entity been a party to a merge  | r or consolidation during the period covered by the   | is statement?                       |                    |             | Yes        | []  | No [X]  |
|     | If yes, complete and file the merger history data   | file with the NAIC.   |                                     |                    |             |            |     |         |
| 4.2 | If yes, provide the name of entity, NAIC Comparceased to exist as a result of the merger or cons  | ny Code, and state of domicile (use two letter state of includation.  | e abbreviation) fo                  | or any entity th   | at has      |            |     |         |
|     |   | 1<br>Name of Entity NAI   | 2<br>C Company Cod                  | e State of I       |             |            |     |         |
| 5.  | fact, or similar agreement, have there been any If yes, attach an explanation.                    | t agreement, including third-party administrator(s significant changes regarding the terms of the ag  | reement or princ                    | ipals involved     | ?           | Yes [ ] No |     |         |
| 6.1 |   | ation of the reporting entity was made or is being  |                                     |                    |             |            | 12/ | 31/2018 |
| 6.2 | State the as of date that the latest financial examined by the date of the examined by            | nination report became available from either the salance sheet and not the date the report was com  | state of domicile pleted or release | or the reportined. | g entity.   |            | 12/ | 31/2018 |
| 6.3 | or the reporting entity. This is the release date of  | ation report became available to other states or t<br>r completion date of the examination report and r   | ot the date of the                  | e examination      | (balance    |            | 04/ | 07/2020 |
| 6.4 | By what department or departments?  |   |                                     |                    |             |            |     |         |
| 6.5 | Have all financial statement adjustments within   | nancial Services<br>the latest financial examination report been acco   | inted for in a sub                  | sequent finan      | cial        | Yes [ ] No | []  | NA [X]  |
|     | Have all of the recommendations within the late   | st financial examination report been complied with  | 1?                                  |                    |             | Yes [X] No |     |         |
| 7.1 | Has this reporting entity had any Certificates of<br>suspended or revoked by any governmental ent | Authority, licenses or registrations (including corpity during the reporting period?  | orate registratior                  | n, if applicable   | )           | Yes        | []  | No [X]  |
| 7.2 | If yes, give full information:  |   |                                     |                    |             |            |     |         |
| 8.1 | Is the company a subsidiary of a bank holding of  | ompany regulated by the Federal Reserve Board   | ?                                   |                    |             | Yes        | []  | No [X]  |
| 8.2 | If response to 8.1 is yes, please identify the nan  | e of the bank holding company.  |                                     |                    |             |            |     |         |
| 8.3 |   | s, thrifts or securities firms?   |                                     |                    |             | Yes        | []  | No [X]  |
| 8.4 | federal regulatory services agency [i.e. the Fede   | ne names and location (city and state of the main<br>rral Reserve Board (FRB), the Office of the Comp<br>securities Exchange Commission (SEC)] and iden | troller of the Cur                  | rency (OCC),       | the Federal |            |     |         |
|     | 1   | 2<br>Lagation   | 3                                   | 4                  | 5           | 6          |     |         |
|     | Affiliate Name  | Location<br>(City State)  | FRB                                 | OCC                | FDIC        | SEC        |     |         |

## GENERAL INTERROGATORIES

| 9.1  | similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  | Yes [X] | No [ ]   |
|------|--|---------|----------|
|      | (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  |         |          |
|      | <ul><li>(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;</li><li>(c) Compliance with applicable governmental laws, rules and regulations;</li></ul>    |         |          |
|      | (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  |         |          |
|      | (e) Accountability for adherence to the code.  |         |          |
| 9.11 | If the response to 9.1 is No, please explain:  |         |          |
| 9.2  | Has the code of ethics for senior managers been amended?   | Yes [ ] | No [X]   |
| 9.21 | If the response to 9.2 is Yes, provide information related to amendment(s).  |         |          |
| 9.3  | Have any provisions of the code of ethics been waived for any of the specified officers?   | Yes [ ] | No [X]   |
| 9.31 | If the response to 9.3 is Yes, provide the nature of any waiver(s).  |         |          |
|      | FINANCIAL  | V [V]   | N 1      |
|      |  | Yes [X] |          |
| 10.2 | If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$   | 2,0     | 15, 172  |
| 11.1 | INVESTMENT  Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) | Yes [ ] | No [X]   |
| 11.2 | If yes, give full and complete information relating thereto:   |         |          |
| 12.  | Amount of real estate and mortgages held in other invested assets in Schedule BA:\$  |         | 0        |
| 13.  | Amount of real estate and mortgages held in short-term investments:  |         | 0        |
| 14.1 | Does the reporting entity have any investments in parent, subsidiaries and affiliates?   | Yes [   | ] No [X] |
| 14.2 | If yes, please complete the following:   |         |          |
|      | 1 2 Prior Year-End Current Quarter Book/Adjusted Book/Adjusted Carrying Value Carrying Value   |         |          |
|      | 14.21 Bonds \$   |         |          |
|      | 14.23 Common Stock\$\$   |         |          |
|      | 14.24 Short-Term Investments   |         |          |
|      | 14.26 All Other \$   |         |          |
|      | 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)\$ \$   |         |          |
|      | 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above \$ \$\$  |         |          |
| 15.1 | Has the reporting entity entered into any hedging transactions reported on Schedule DB?  | Yes [ ] | No [X]   |
| 15.2 | If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?   | No [ ]  | NA [ ]   |
|      | If no, attach a description with this statement.   |         |          |
| 16   | For the reporting entity's security lending program, state the amount of the following as of the current statement date:  16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2  \$                 |         | 0        |
|      | 16.1 Total fail value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2  16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2  \$                           |         |          |
|      | 16.3 Total payable for securities lending reported on the liability page \$  |         | 0        |

#### **GENERAL INTERROGATORIES**

| 17. | Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting |
|-----|---|
|     | entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held   |
|     | pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination        |
|     | Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners     |
|     | Handbook?   |

Yes [X] No [ ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1                    | 2                 |
|----------------------|-------------------|
| Name of Custodian(s) | Custodian Address |
| Comerica Bank        | Detroit, MI       |
|                      |                   |

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

| 1       | 2           | 3                       |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | Complete Explanation(s) |
|         | • •         | ·                       |

17.4 If yes, give full and complete information relating thereto:

| 1             | 2             | 3              | 4      |
|---------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | Reason |
|               |               |                |        |

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

| 1                                      | 2           |
|--|-------------|
| Name of Firm or Individual             | Affiliation |
| Income Research and Management         |             |
| J.P. Morgan Investment Management, Inc | U           |
|  | U           |
| Blackrock Advisors, LLC                | U           |
| Goldman Sachs Asset Management LP      | U           |
| Artisan Global Opportunities           | U           |
| The Northern Trust Company             | U           |
| Comerica Bank, NA                      | U           |
| Comerica Securities, Inc.              | U           |
| Robin Damschroder                      | A           |
| Laurie Doran                           | I           |
| Rita Humbach                           | A           |
| Kelly English                          | A           |
| Derek Kellam                           | A           |
| Leslie Hardy                           | A           |
| Robert Porter                          | A           |
| New England Pension Consultants        | U           |
| Vanguard                               | U           |
| Pam Schmidt                            | A           |
|  |             |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

| Yes | [ | Χ | ] | No | [ | ] |
|-----|---|---|---|----|---|---|
|     |   |   |   |    |   |   |

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

| Yes | ſ | Χ | 1 | No | ſ |  |
|-----|---|---|---|----|---|--|

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1<br>Central Registration<br>Depository Number | 2<br>Name of Firm or<br>Individual          | 3<br>Legal Entity<br>Identifier (LEI) | 4 Registered With | 5<br>Investment Management<br>Agreement (IMA) Filed |
|--|---|---------------------------------------|-------------------|---|
| 104863   | Income Research and Management              | .Not Applicable                       |                   | NO  |
| 107038   | J.P. Morgan Investment<br>Management, Inc., | 549300Q7485FUJKEMM46                  | SEC               | NO  |
| 106614   | Blackrock Advisors, LLC                     | . WMEVRQ7LCLDEFWERG149                | SEC               | NO  |
| 108017   | Garcia Hamilton and<br>Associates, L.P      | . 2549004MW20AB6054P40                | SEC               | DS  |
| 80170101                                       | Artisan Parters Limited<br>Partnership      | . H441S2FJ0USVWTYA1B25                | SEC               | NO  |
| 107738   | Goldman Sachs Asset<br>Management, LP       | _ CF5M58QA35CFPUX70H17                | SEC               | NO  |
| N/A  | The Northern Trust Company                  |                                       |                   | NO  |
| N/A  | Comerica Bank, NA                           | . 70WY0ID1N53Q4254VH70                | FDIC              | NO  |
| 17079  | Comerica Securities, Inc                    |                                       | SEC               | NO  |
|  | 1   |                                       | l l               |   |

### **GENERAL INTERROGATORIES**

| 1<br>Central Registration<br>Depository Number | 2<br>Name of Firm or<br>Individual | 3<br>Legal Entity<br>Identifier (LEI) | 4<br>Registered With | 5<br>Investment Management<br>Agreement (IMA) Filed |
|--|------------------------------------|---------------------------------------|----------------------|---|
| N/A  | Laurie A. Doran                    | Not Applicable                        | Not Applicable       |   |
| N/A  | Kelly English                      | Not Applicable                        | Not Applicable       |   |
| N/A  | Derek Kellam                       | Not Applicable                        | Not Applicable       |   |
| N/A  | Leslie Hardy                       | Not Applicable                        | Not Applicable       |   |
| N/A  | Robert Porter                      | Not Aplicable                         | Not Aplicable        |   |
|  | New England Pension<br>Consultants |                                       |                      |   |
|  | Rita Humbach                       | 1                                     |                      | 1   |
|  | .Pam Schmidt                       | 1                                     | 1                    | l   |

|     | Have all the filing requirements of the <i>Purposes and Procedures Manual of the NAIC Investment Analysis Office</i> been followed?   | Yes [X] No    |
|-----|---|---------------|
| 19. | By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:  |               |
|     | Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or a. PL security is not available. b. Issuer or obligor is current on all contracted interest and principal payments. c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  |               |
|     | Has the reporting entity self-designated 5GI securities?  | Yes [ ] No [X |
| 20. | By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:   |               |
|     | <ul> <li>a. The security was purchased prior to January 1, 2018.</li> <li>b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is</li> <li>c. shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.</li> <li>d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.</li> </ul> |               |

Yes [ ] No [X]

Has the reporting entity self-designated PLGI securities?.....

#### **GENERAL INTERROGATORIES**

- By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

  a. The shares were purchased prior to January 1, 2019.
  b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  d. The fund only or predominantly holds bonds in its portfolio.
  e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [ ] No [X]

# **GENERAL INTERROGATORIES**

### PART 2 - HEALTH

| Operating Percentages:   |                      |
|--|----------------------|
| 1.1 A&H loss percent   | 74.8 %               |
| 1.2 A&H cost containment percent   | 1.8 %                |
| 1.3 A&H expense percent excluding cost containment expenses  | 19.3 %               |
| 2.1 Do you act as a custodian for health savings accounts?   | Yes [ ] No [X]       |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date   | \$                   |
| 2.3 Do you act as an administrator for health savings accounts?  | Yes [ ] No [X]       |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date  | \$                   |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?  | Yes [ ] No [X]       |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile the reporting entity? | of<br>Yes [ ] No [X] |

# **SCHEDULE S - CEDED REINSURANCE**

| Showing All New Rei | nauranaa Traatiaa | Current Veer t   | o Doto |
|---------------------|-------------------|------------------|--------|
| SHOWING AN NEW KEI  | nsurance meanes . | · Current rear i | o Date |

| Showing All New Reinsurance Treaties - Current Year to Date           1         2         3         4         5         6         7         8         9         10 |              |                   |   |                             |   |                           |                   |   |  |  |
|--|--------------|-------------------|---|-----------------------------|---|---------------------------|-------------------|---|--|--|
| 1  | 2            | 3                 | 4   | 5                           | 6                                       | 7                         | 8                 | 9<br>Certified<br>Reinsurer Rating<br>(1 through 6)   | 10<br>Effective Date<br>of Certified<br>Reinsurer Rating |  |
|  |              |                   |   |                             | Type of                                 |                           |                   | Certified   | Effective Date   |  |
| NAIC<br>Company Code   |              | Effective<br>Date |   | Domiciliary<br>Jurisdiction | Type of<br>Reinsurance<br>Ceded         | Type of Business<br>Ceded |                   | Reinsurer Rating  | of Certified   |  |
| Company Code   | ID Number    | Date              | Name of Reinsurer   | Jurisdiction                | Ceded                                   | Ceded                     | Type of Reinsurer | (1 through 6)   | Reinsurer Rating   |  |
|  |              |                   | Name of Reinsurer  Life & Annuity — Affiliates  Life & Annuity — Non- Affiliates  Accident & Health — Affiliates  Accident & Health — Non- Affiliates  ZURICH AMER INS CO.  Property/Casualty — Affiliates  Property/Casualty — Non- Affiliates |                             |   |                           |                   |   |  |  |
|  |              |                   | Life & Annuity - Non- Affiliates  |                             |   |                           |                   |   |  |  |
|  |              |                   | Accident & Health - Affiliates  |                             |   |                           |                   |   |  |  |
|  |              |                   | Accident & Health — Non- Affiliates   |                             |   |                           |                   |   |  |  |
| 16535  | 36 - 4233459 | 01/01/2019        | 7/IDICH AMED INC CO   | NY                          | SSL/I                                   | SLEL                      | Authorized        |   |  |  |
| 10000  |              | 01/01/2019        | Description Amilia Indiada  |                             |   | SLLL                      | Author 126u       |   |  |  |
|  |              |                   | Property/Casualty - Attiliates  |                             |   |                           |                   |   |  |  |
|  |              |                   | Property/Casualty - Non- Affiliates   |                             |   |                           |                   |   |  |  |
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#### SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

**Current Year to Date - Allocated by States and Territories** Direct Business Only 10 Federal Employees lealth Benefits Life & Annuity Accident & Premiums & Property/ Total Active Program Other Columns Deposit-Type Title XVIII Title XIX CHIP Title XX Through 8 1 Alabama ΑI 0 2. Alaska ΑK 0 3 Arizona Α7 0 4. Arkansas AR 0 5 California CA 0 6. Colorado CO ..0 7. Connecticut CT 0 8 Delaware DF 0 9. Dist. Columbia DC 0 10 Florida FI 0 11. Georgia GA .0 12. Hawaii ΗΙ 0 ID 13. Idaho ..0 14. Illinois IL 0 15 Indiana IN 0 16. lowa . .IA 0 KS 17. Kansas 0 18. Kentucky KY ..0 19. Louisiana LA 0 ME 20. Maine ..0 MD 0 21. Maryland 22. Massachusetts MA ..0 MI .101.473.875 23. Michigan .62.947.855 .38.526.020 MN 24. Minnesota 0 MS Mississippi ..0 .MO 26. Missouri ..0 MT 27. Montana ..0 28. Nebraska NE ..0 29. Nevada. .NV ..0 30. New Hampshire NH ..0 NJ ..0 31. New Jersey NM. 32. New Mexico ..0 33. New York NY ..0 34. North Carolina NC ..0 ND .0 35. North Dakota ОН ..0 36. Ohio.. OK 37. Oklahoma ... ..0 OR 38. Oregon .. ..0 39. Pennsylvania PA ..0 40. Rhode Island RI .0 41. South Carolina SC .0 42. South Dakota .. SD ..0 43. Tennessee ... TN ..0 44. Texas .. ΤX ..0 UT 45. Utah .. ..0 46. Vermont VT .0 47. VA ..0 Virginia . 48. Washington . WA ..0 49. West Virginia ... WV ..0 WI 50. Wisconsin .... ..0 51. Wyoming . WY ..0 52. American Samoa .. AS ..0 53. Guam .. GU .0 54. Puerto Rico ... .PR .0 55. U.S. Virgin Islands .. VI .0 MP. 56. Northern Mariana Islands ...... 57. Canada ... CAN ..0 58. Aggregate other alien ..... 59. Subtotal.... XXX. .62,947,855 .38,526,020 .0 ..0 ..101,473,875 60. Reporting entity contributions for Employee Benefit Plans. XXX Total (Direct Business) 62.947.855 0 0 101.473.875 61 XXX 0 38.526.020 0 0 **DETAILS OF WRITE-INS** 58001. XXX 58002. XXX 58003. XXX 58998. Summary of remaining write-ins for Line 58 from overflow page... XXX. .0 .0 .0 .0 .0

(a) Active Status Counts

58999. Totals (Lines 58001 through 58003

plus 58998) (Line 58 above)

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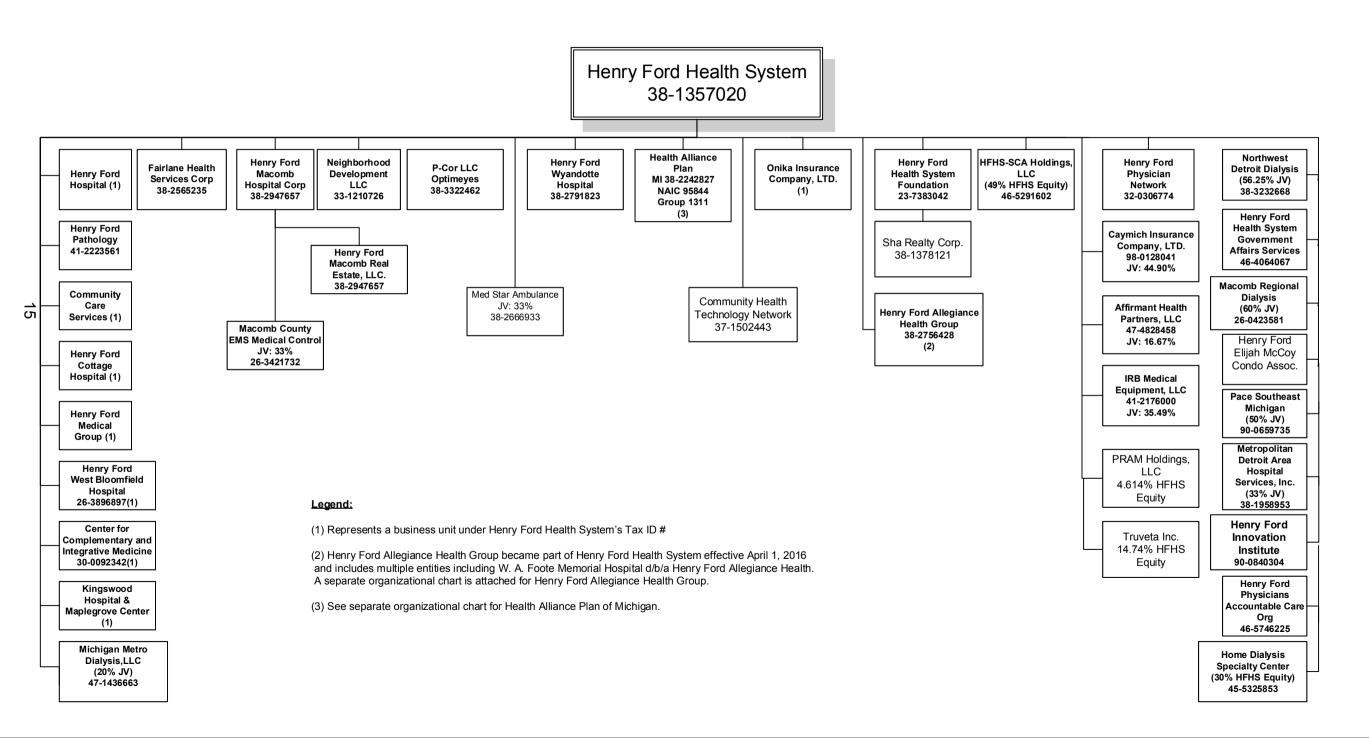
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# STATEMENT AS OF JUNE 30, 2021 OF THE Health Alliance Plan of Michigan SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART



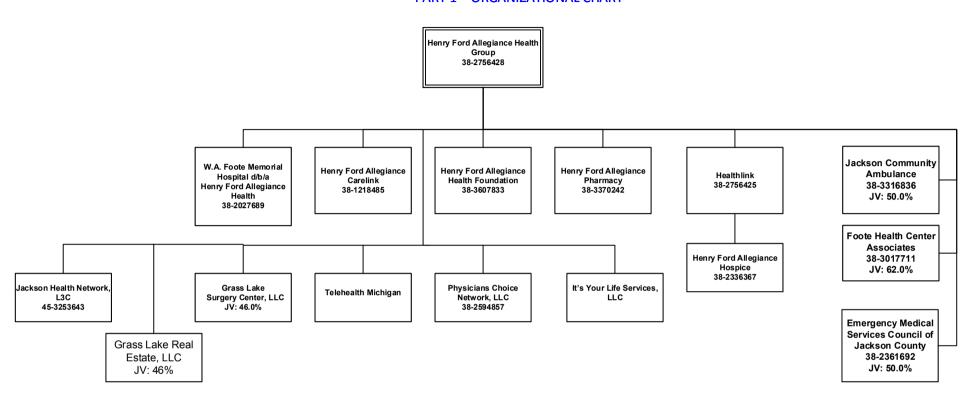
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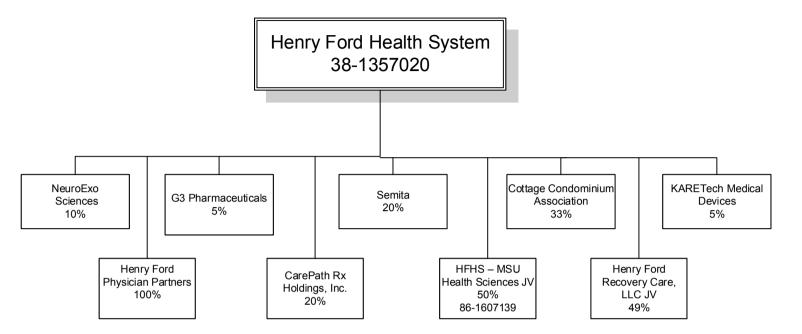


#### Leaend:

- (1) Represents a business unit under Henry Ford Health System's Tax ID #
- (2) Henry Ford Allegiance Health Group became part of Henry Ford Health System effective April 1, 2016 and includes multiple entities including W.A. Foote Memorial Hospital d/b/a Henry Ford Allegiance Health. A separate organizational chart is attached.

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## 6

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

|       |                                |          |                     |         |      | _                       |  |             |              | T  | 1 40                  | 1 10          | 1                           | '         |    |
|-------|--------------------------------|----------|---------------------|---------|------|-------------------------|--|-------------|--------------|--|-----------------------|---------------|-----------------------------|-----------|----|
| 1     | 2                              | 3        | 4                   | 5       | 6    | 7<br>Now = = f          | 8  | 9           | 10           | 11   | 12                    | 13            | 14                          | 15        | 16 |
|       |                                |          |                     |         |      | Name of<br>Securities   |  |             |              |  | Type of Control       |               |                             |           |    |
|       |                                |          |                     |         |      |                         |  |             | Relationship |  | (Ownership,<br>Board, | If Control is |                             | Is an SCA |    |
|       |                                | NAIC     |                     |         |      | Exchange if<br>Publicly | Names of   |             | to           |  | Management,           | Ownership     |                             | Filing    |    |
| Group |                                | Company  | ID                  | Federal |      | Traded (U.S. or         | Parent. Subsidiaries                                 | Domiciliary | Reporting    | Directly Controlled by   | Attorney-in-Fact,     | Provide       | Ultimate Controlling        | Required? |    |
| Code  | Group Name                     | Code     | Number              | RSSD    | CIK  | International)          | or Affiliates  | Location    | Entity       | (Name of Entity/Person)  | Influence, Other)     |               | Entity(ies)/Person(s)       | (Y/N)     | *  |
| Code  | Henry Ford Health Systems      | Code     | Number              | ROOD    | OIIX | internationar)          | Health Alliance Plan of                              | Location    | Littly       | (Name of Entity/1 erson)   | initidence, Other)    | rercentage    | Henry Ford Health           | (1/14)    |    |
| 00000 | Group.                         | 95844    | 38-2242827          |         |      |                         | Michigan   | MI          | UDP          | Henry Ford Health System   | Ownership             | 100.0         | System                      | 1 1       | 0  |
| 00000 | Henry Ford Health Systems      |          | 50 EE 1E0E1         | 1       |      |                         | i ii o i i gan                                       |             |              | Health Alliance Plan of  |                       |               | Henry Ford Health           | 1         |    |
| 00000 | Group                          | 00000    | 38 - 25 1 3 5 0 4   |         |      |                         | HAP Preferred Inc                                    |             | NIA          | Michigan   | Ownership             | 100.0         |                             | l yl      | 0  |
| 00000 | Henry Ford Health Systems      |          | 20 1000 1           |         |      |                         | Alliance Health and Life                             | 1           |              | Health Alliance Plan of  |                       |               | Henry Ford Health           | 1         |    |
| 01311 | Group                          | 60134    | 38 - 3291563        |         |      |                         | Insurance Company                                    | MI          | LA           | Michigan   | Ownership             | 100.0         | System.                     | l N       | 0  |
|       | Henry Ford Health Systems      | l I      |                     |         |      |                         | Administration System Research                       |             |              | Health Alliance Plan of  |                       |               | Henry Ford Health           |           |    |
| 00000 | Group.                         | . 00000] | 38 - 2651185        |         |      |                         | Corporation  |             | NIA          | Michigan   | Ownership             | 100.0         | System                      | ]Y        | 0  |
|       | Henry Ford Health Systems      | l I      |                     |         |      |                         | '  |             |              | Health Alliance Plan of  | ' '                   |               | Hénry Ford Health           |           |    |
| 01311 | Group.                         | 95814    | 38-3123777          |         |      |                         | HAP Midwest Health Plan, Inc                         | MI          | RE           | Michigan   | Ownership             | 100.0         | System                      | N         | 0  |
|       | Henry Ford Health Systems      |          |                     |         |      |                         |  |             |              |  | ,                     |               |                             |           |    |
| 00000 | Group                          | . 00000  | 38 - 1357020        |         |      |                         | Henry Ford Health System                             |             | UIP          |  |                       | 0.0           |                             | l         | 0  |
|       | Henry Ford Health Systems      |          |                     |         |      |                         | Henry Ford Wyandotte Hospital                        |             |              |  |                       |               | Henry Ford Health           | 1 1       |    |
| 00000 | Group                          | . 00000  | 38 - 279 1823       |         |      |                         | Corp   |             | NIA          | Henry Ford Health System   | Ownership             | 100.0         | System                      |           | 0  |
|       | Henry Ford Health Systems      |          |                     |         |      |                         |  |             |              |  |                       |               | Henry Ford Health           |           |    |
| 00000 | Group.                         | . 00000  | 38 - 2947657        |         |      |                         | Henry Ford Macomb Hospital                           |             | NIA          | Henry Ford Health System   | Ownership             | 100.0         | System.                     |           | 0  |
|       | Henry Ford Health Systems      |          |                     |         |      |                         | Henry Ford Macomb Real Estate,                       |             |              |  |                       |               | Henry Ford Health           |           |    |
| 00000 | Group                          | . 00000  | 38 <b>-</b> 2947657 |         |      |                         | LLC  |             | NIA          | Henry Ford Health System   | Ownership             | 100.0         |                             |           | 0  |
|       | Henry Ford Health Systems      |          |                     |         |      |                         |  |             |              |  |                       |               | Henry Ford Health           |           |    |
| 00000 | Group                          | . 00000  | 38 - 2565235        |         |      |                         | Fairlane Health Services Corp                        |             | NIA          | Henry Ford Health System   | Ownership             | 100.0         |                             |           | 0  |
| 00000 | Henry Ford Health Systems      |          | 00 4040700          |         |      |                         | Notable about Book to an about 110                   |             | NII A        | Harris Frank Harlah Origina  | Own a sala ta         | 400.0         | Henry Ford Health           |           | 0  |
| 00000 | Group                          | . 00000  | 33-1210726          |         |      |                         | Neighborhood Development LLC                         |             | NIA          | Henry Ford Health System   | Ownership             | 100.0         |                             |           | 0  |
| 00000 | Henry Ford Health Systems      | . 00000  | 38 - 1958953        |         |      |                         | Metropolitan Detroit Area<br>Hospital Services, Inc. |             | NIA          | Henry Ford Health System   | Ownership             | 22.0          | Henry Ford Health<br>System |           | 0  |
| 00000 | GroupHenry Ford Health Systems | . 00000  | o - 1900905         |         |      |                         | nospital services, inc                               |             | NIA          | nemry rord nearth system   | Ownership             | 33.0          | Henry Ford Health           |           | 0  |
| 00000 | Group                          | . 00000  | 90-0840304          |         |      |                         | Henry Ford Innovation Institute.                     |             | NIA          | Henry Ford Health System   | Ownership             | 100.0         | System                      |           | 0  |
| 00000 | Henry Ford Health Systems      | . 00000  | 90-0040304          |         |      |                         | Henry Ford Health System                             |             | NIA          | nemy rord nearth system  | . Ownerstrip          | 100.0         | Henry Ford Health           | 1         |    |
| 00000 | Group                          | . 00000  | 23-7383042          |         |      |                         | Foundation   |             | NIA          | Henry Ford Health System   | Ownership             | 100.0         | System                      |           | 0  |
| 00000 | Henry Ford Health Systems      |          | 20-7 303042         |         |      |                         | l  |             |              | I I I I I I I I I I I I I I I I I I I  | Owner Strip           | 100.0         | Henry Ford Health           | 1         |    |
| 00000 | Group.                         | . 00000  | 32-0306774          |         |      |                         | Henry Ford Physician Network                         |             | NIA          | Henry Ford Health System   | Ownership             | 100.0         | System                      |           | 0  |
|       | Henry Ford Health Systems      |          | 0= 000011 1         |         |      |                         | Northwest Detroit Dialysis                           | 1           | 1            | l station of a total tribate t |                       |               | Henry Ford Health           | 1         |    |
| 00000 | Group.                         | . 00000  | 38 - 3232668        |         |      |                         | Centers  |             | NIA          | Henry Ford Health System   | Ownership             | 56.2          | System                      |           | 0  |
|       | Henry Ford Health Systems      |          |                     |         |      |                         |  |             |              | '  |                       |               | Henry Ford Health           |           |    |
| 00000 | Group.                         | . 00000  | 45-5325853          |         |      |                         | Home Dialysis Specialty Center                       | <u> </u>    | NIA          | Henry Ford Health System   | Ownership             | 30.0          |                             | ]]        | 0  |
|       | Henry Ford Health Systems      | i i      |                     |         |      |                         | Macomb Regional Dialysis                             |             |              |  |                       |               | Henry Ford Health           |           |    |
| 00000 | Group                          | . 00000  | 26-0423581          |         |      |                         | Centers LLC  |             | NIA          | Henry Ford Health System   | Ownership             | 60.0          | System                      |           | 0  |
|       | Henry Ford Health Systems      |          |                     |         | İ    |                         |  |             |              |  |                       |               | Henry Ford Health           |           |    |
| 00000 | Group                          | . 00000  | 38 - 1378121        |         |      |                         | Sha Realty Corp                                      |             | NIA          | Henry Ford Health System   | Ownership             | 100.0         |                             | ļ         | 0  |
|       | Henry Ford Health Systems      | l        |                     |         |      |                         |  |             |              |  |                       |               | Henry Ford Health           |           |    |
| 00000 | Group                          | . 00000  | 90 <b>-</b> 0659735 |         |      |                         | Pace Southeast Michigan                              |             | NIA          | Henry Ford Health System   | Ownership             | 50.0          | System                      | Įl        | 0  |
|       | Henry Ford Health Systems      | l        |                     |         |      |                         |  |             |              |  |                       |               | Henry Ford Health           |           |    |
| 00000 | Group                          | . 00000  | 26 <b>-</b> 3896897 |         |      |                         | Henry Ford West Bloomfield                           |             | NIA          | Henry Ford Health System   | Ownership             | 100.0         | System                      | {         | 0  |
|       | Henry Ford Health Systems      |          |                     |         |      |                         |  |             |              |  |                       |               | Henry Ford Health           |           | _  |
| 00000 | Group                          | . 00000  | 38-3322462          |         |      |                         | P Cor, LLC (d/b/a Optimeyes)                         |             | NIA          | Henry Ford Health System   | Ownership             | 100.0         | System                      | ļ         | 0  |
| 00000 | Henry Ford Health Systems      | 00000    | 44 0000504          |         |      |                         | Harris Fred Bath 1                                   |             | NI A         | Harm Frad Hartst O. 1  | O                     | 400 0         | Henry Ford Health           |           | •  |
| 00000 | Group.                         | . 00000  | 41-2223561          |         |      |                         | Henry Ford Pathology                                 |             | NIA          | Henry Ford Health System   | Ownership             | 100.0         | System.                     |           | 0  |

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1             | 2                                  | 3               | 4            | 5               | 6   | 7                                 | 8                                      | 9                       | 10               | 11   | 12                   | 13            | 14  | 15        | 16 |
|---------------|------------------------------------|-----------------|--------------|-----------------|-----|-----------------------------------|--|-------------------------|------------------|--|----------------------|---------------|---|-----------|----|
|               | _                                  |                 | •            |                 | Ü   | Name of                           | Ŭ                                      |                         | 10               |  | Type of Control      | "             |   | "         | .0 |
|               |                                    |                 |              |                 |     | Securities                        |  |                         | L                |  | (Ownership,          |               |   | l l       |    |
|               |                                    |                 |              |                 |     | Exchange if                       |  |                         | Relationship     |  | Board,               | If Control is |   | Is an SCA |    |
| 0             |                                    | NAIC            | ın           | Fadanal         |     | Publicly                          | Names of                               | Damiailian              | to               | Discostine Constrailly of here   | Management,          | Ownership     | Lukinanta Onntrallina                         | Filing    |    |
| Group<br>Code | Group Name                         | Company<br>Code | ID<br>Number | Federal<br>RSSD | CIK | Traded (U.S. or<br>International) | Parent, Subsidiaries or Affiliates     | Domiciliary<br>Location | Reporting Entity | Directly Controlled by (Name of Entity/Person)   | Attorney-in-Fact,    | Provide       | Ultimate Controlling<br>Entity(ies)/Person(s) | Required? | *  |
| Code          | Group Name                         | Code            | Number       | KOOD            | CIK | international)                    | Henry Ford Physicians                  | Location                | Entity           | (Name of Entity/Person)  | inilidence, Other)   | reiceillage   | Enuty(les)/Ferson(s)                          | (1/N)     |    |
|               | Henry Ford Health Systems          |                 |              |                 |     |                                   | Accountable Care Organization.         |                         |                  |  |                      |               | Henry Ford Health                             |           |    |
| 00000         | Group.                             | . 00000         | 46-5746225   |                 |     |                                   | LLC                                    |                         | NIA              | Henry Ford Health System   | Ownership            | 100.0         | System  |           | 0  |
|               | Henry Ford Health Systems          | 1               |              |                 |     |                                   | Center for Complementary and           |                         |                  |  |                      |               | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         | 30-0092342   |                 |     |                                   | Integrative Medicine                   |                         | NIA              | Henry Ford Health System   | Ownership            | 100.0         | System  |           | 0  |
|               | Henry Ford Health Systems          | i i             |              |                 |     |                                   | Henry Ford Health System               |                         |                  |  | · '                  |               | Henry Ford Health                             |           | i  |
| 00000         | Group                              | . 00000         | 46-4064067   |                 |     |                                   | Government Affairs Services            |                         | NIA              | Henry Ford Health System   | Ownership            | 100.0         | System  |           | 0  |
|               | Henry Ford Health Systems          |                 |              |                 |     |                                   | Henry Ford Elijah McCoy                |                         |                  |  |                      |               | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         |              |                 |     |                                   | Condominium Association                |                         | NIA              | Henry Ford Health System   | Ownership            | 100.0         | System  |           | 0  |
|               | Henry Ford Health Systems          |                 | 10 5001000   |                 |     |                                   |  |                         |                  | l  |                      | 40.0          | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         | 46-5291602   |                 |     |                                   | HFHS-SCA Holdings, LLC                 | -                       | NIA              | Henry Ford Health System   | Ownership            | 49.0          |   |           | 0  |
| 00000         | Henry Ford Health Systems          | 00000           | 47 - 1436663 |                 |     |                                   | Michigan Matas Dialysis 110            |                         | ALLA             | Hanny Ford Hanlik Cyatan   | O                    | 20.0          | Henry Ford Health                             |           | 0  |
| 00000         | Group<br>Henry Ford Health Systems | . 00000         | 47 - 1430003 |                 |     |                                   | Michigan Metro Dialysis, LLC           |                         | NIA              | Henry Ford Health System   | Ownership            | 20.0          | System  |           |    |
| 00000         | Group                              | . 00000         | 98-0128041   |                 |     |                                   | Caymich Insurance Company, LTD         |                         | I A              | Henry Ford Health System   | Ownership.           | 44.0          | Henry Ford Health<br>System                   |           | 0  |
| 00000         | Henry Ford Health Systems          | . 00000         | 90-0120041   |                 |     |                                   | l cayılırdır ilisurance collipany, LTD |                         | I A              | neilly ford nearth system  | . Owner strip        | 44.9          | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         | 47 - 4828458 |                 |     |                                   | Affirmant Health Partners, LLC         |                         | NIA              | Henry Ford Health System   | Ownership            | 16.7          |   |           | ٥  |
| 00000         | Henry Ford Health Systems          |                 | 47 -4020430  |                 |     |                                   | I ATTTIMANT NOATTITTAT (NOTS, ELO      |                         |                  | l long tord hearth bystem  | .   O #1101 3111   P | 10.7          | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         | 41-2176000   |                 |     |                                   | IRB Medical Equipment, LLC             |                         | NIA              | Henry Ford Health System   | Ownership            | 35.5          |   |           | 0  |
| 00000         | Henry Ford Health Systems          | 100000          | 11 211 0000  |                 |     |                                   | The modrour Equipmont, EEG             |                         | 1                | l long for a near the eye term.  |                      |               | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         | 38-2666933   |                 |     |                                   | Med Star Ambulance                     |                         | NIA              | Henry Ford Health System   | Ownership            | 33.0          | System  | l         | 0  |
|               | Henry Ford Health Systems          |                 |              |                 |     |                                   | Macomb County EMS Medical              |                         |                  |  |                      |               | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         | 26-3421732   |                 |     |                                   | Control Authority                      |                         | NIA              | Henry Ford Health System   | Ownership            | 33.0          | System  |           | 0  |
|               | Henry Ford Health Systems          | i i             |              |                 |     |                                   | Community Health Technology            |                         |                  |  | · '                  |               | Hénry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         | 37 - 1502443 |                 |     |                                   | Network                                |                         | NIA              | Henry Ford Health System   | Ownership            | 100.0         |   |           | 0  |
|               | Henry Ford Health Systems          |                 |              |                 |     |                                   |  |                         |                  |  |                      |               | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         |              | -               |     |                                   | NeuroExo Sciences                      |                         | NIA              | Henry Ford Health System   | Ownership            | 10.0          |   |           | 0  |
| 00000         | Henry Ford Health Systems          |                 |              |                 |     |                                   | 00 81                                  |                         |                  |  |                      | 5.0           | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         |              |                 |     |                                   | G3 Pharmaceuticals                     |                         | NIA              | Henry Ford Health System   | Ownership            | 5.0           |   |           | 0  |
| 00000         | Henry Ford Health Systems          | . 00000         |              |                 |     |                                   | Comito                                 |                         | NII A            | Hanry Ford Health Cyatam   | Ownership            | 20.0          | Henry Ford Health                             |           | 0  |
| 00000         | Group<br>Henry Ford Health Systems | . 00000         |              |                 |     |                                   | Semita                                 |                         | NIA              | Henry Ford Health System   | Ownership            | 20.0          | SystemHenry Ford Health                       |           |    |
| 00000         | Group                              | . 00000         |              |                 |     |                                   | Cottage Condominium Association        |                         | NIA              | Henry Ford Health System   | Ownership            | 33.0          |   |           | ٥  |
| 00000         | Henry Ford Health Systems          |                 |              | 1               |     |                                   | voctage condominitum neederation       |                         | 111/             | Thom y Toru Hourth Dyston  | . o #1101 3111 p     |               | Henry Ford Health                             | [         |    |
| 00000         | Group                              | . 00000         |              |                 |     |                                   | KARETech Medical Devices               |                         | NIA              | Henry Ford Health System   | Ownership            | 5.0           | System  |           | n  |
| 00000         | Henry Ford Health Systems          | 00000           |              |                 |     |                                   | Henry Ford Allegiance Health           |                         | 1                | l state of the sta |                      | 1             | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         | 38-2756428   |                 |     |                                   | Group                                  |                         | NIA              | Henry Ford Health System   | Ownership            | 100.0         |   |           | 0  |
|               | Henry Ford Health Systems          |                 |              |                 |     |                                   | ,                                      |                         |                  | Henry Ford Allegiance Health   |                      |               | Henry Ford Health                             |           |    |
| 00000         | Group.                             | . 00000         | 38-2024689   | .[              |     |                                   | Henry Ford Allegiance Health           |                         | NIA              | Group.   | Ownership            | 100.0         | System  |           | 0  |
|               | Henry Ford Health Systems          |                 |              |                 |     |                                   |  |                         |                  | Henry Ford Allegiance Health   |                      |               | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         | 38-1218485   |                 |     |                                   | Henry Ford Allegiance Carelink         |                         | NIA              | Group  | Ownership            | 100.0         | System  |           | 0  |
|               | Henry Ford Health Systems          | [ l             |              |                 |     |                                   | Henry Ford Allegiance Health           |                         | 1                | Henry Ford Allegiance Health   | L                    |               | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         | 38-3607833   |                 |     |                                   | Foundation                             |                         | NIA              | Group  | Ownership            | 100.0         | System  |           | 0  |
| 00000         | Henry Ford Health Systems          |                 | 00 0070046   |                 |     |                                   | l                                      |                         | l                | Henry Ford Allegiance Health   |                      | 100 0         | Henry Ford Health                             |           |    |
| 00000         | Group                              | . 00000         | 38-3370242   |                 |     |                                   | Henry Ford Allegiance Pharmacy         |                         | NIA              | Group  | Ownership            | 100.0         | System.                                       |           | 0  |
| 00000         | Henry Ford Health Systems          | 00000           | 20 2750425   |                 |     |                                   | lloolthlink                            |                         | NII A            | Henry Ford Allegiance Health   | Ownersh:             | 400.0         | Henry Ford Health                             |           | _  |
| 00000         | Group                              | .   UUUUU       | 38-2756425   |                 |     |                                   | Healthlink                             | .                       | NIA              | Group  | Ownership            | 1             | System  |           | U  |

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1     | 2                         | 3       | 4            | 5       | 6   | 7               | 8  | 9                                     | 10           | 11                                    | 12                | 13            | 14                    | 15        | 16 |
|-------|---------------------------|---------|--------------|---------|-----|-----------------|--|---------------------------------------|--------------|---------------------------------------|-------------------|---------------|-----------------------|-----------|----|
|       |                           |         |              |         |     | Name of         |  |                                       |              |                                       | Type of Control   |               |                       |           |    |
|       |                           |         |              |         |     | Securities      |  |                                       |              |                                       | (Ownership,       |               |                       |           |    |
|       |                           |         |              |         |     | Exchange if     |  |                                       | Relationship |                                       | Board,            | If Control is |                       | Is an SCA |    |
|       |                           | NAIC    |              |         |     | Publicly        | Names of   |                                       | to           |                                       | Management,       | Ownership     |                       | Filing    |    |
| Group |                           | Company | ' ID         | Federal |     | Traded (U.S. or | Parent, Subsidiaries   | Domiciliary                           | Reporting    | Directly Controlled by                | Attorney-in-Fact, | Provide       | Ultimate Controlling  | Required? |    |
| Code  | Group Name                | Code    | Number       | RSSD    | CIK | International)  | or Affiliates  | Location                              | Entity       | (Name of Entity/Person)               | Influence, Other) | Percentage    | Entity(ies)/Person(s) | (Y/N)     | *  |
|       | Henry Ford Health Systems |         |              |         |     | •               |  |                                       | _            | Henry Ford Allegiance Health          |                   |               | Henry Ford Health     |           |    |
| 00000 | Group.                    | 00000   | 45-3253643   |         |     |                 | Jackson Health Network, L3C  |                                       | NIA          | Group                                 | Ownership         | 100.0         | System                | 1         | 0  |
|       | Henry Ford Health Systems |         |              |         |     |                 |  |                                       |              | Henry Ford Allegiance Health          | İ '               |               | Henry Ford Health     |           |    |
| 00000 | Group.                    | 00000   |              |         |     |                 | Telehealth Michigan  |                                       | NIA          | Group.                                | Ownership         | 100.0         | System                | 1         | 0  |
|       | Henry Ford Health Systems |         |              |         |     |                 |  |                                       |              | Henry Ford Allegiance Health          | ,                 |               | Henry Ford Health     |           |    |
| 00000 | Group.                    | 00000   | 38 - 2594857 |         |     |                 | Physicians Choice Network, LLC   |                                       | NIA          | Group                                 | Ownership         | 100.0         | System                | 1         | 0  |
|       | Henry Ford Health Systems |         |              |         |     |                 | ,  |                                       |              | Henry Ford Allegiance Health          |                   |               | Henry Ford Health     |           |    |
| 00000 | Group.                    | 00000   |              |         |     |                 | It's Your Life Services, LLC   |                                       | NIA          | Group                                 | Ownership.        | 100.0         | System                |           | 0  |
|       | Henry Ford Health Systems |         |              |         |     |                 |  |                                       |              | Henry Ford Allegiance Health          |                   |               | Henry Ford Health     |           |    |
| 00000 | Group                     | 00000   | 38-2336367   |         |     |                 | Henry Ford Allegiance Hospice  |                                       | NIA          | Group.                                | Ownership         | 100.0         | System                |           | 0  |
|       | Henry Ford Health Systems |         |              |         |     |                 | 1  |                                       |              | Henry Ford Allegiance Health          |                   |               | Henry Ford Health     |           |    |
| 00000 | Group                     | 00000   |              |         |     |                 | Grass Lake Surgery Center, LLC   |                                       | NIA          | Group.                                | Ownership         | 46.0          | System                |           | 0  |
| 00000 | Henry Ford Health Systems | 00000   |              |         |     |                 | 1  |                                       |              | Henry Ford Allegiance Health          |                   | 1             | Henry Ford Health     |           |    |
| 00000 | Group                     | 00000   | 38-3316836   |         |     |                 | Jackson Community Ambulance  |                                       | NIA          | Group                                 | Ownership.        | 50.0          | System                |           | 0  |
| 00000 | Henry Ford Health Systems | 00000   |              |         |     |                 | Turned Tu | · · · · · · · · · · · · · · · · · · · |              | Henry Ford Allegiance Health          | 0 milor orrip     |               | Henry Ford Health     |           |    |
| 00000 | Group                     | 00000   | 38-3017711   |         |     |                 | Foote Health Center Associates   |                                       | NIA          | Group                                 | Ownership.        | 62.0          | System.               |           | 0  |
| 00000 | Henry Ford Health Systems | 00000   |              |         |     |                 | Emergency Medical Services   |                                       |              | Henry Ford Allegiance Health          | 0 11101 0111 p    |               | Henry Ford Health     |           |    |
| 00000 | Group                     | 00000   | 38-2361692   |         |     |                 | Council of Jackson County  |                                       | NIA          | Group                                 | Ownership.        | 50.0          | System                |           | 0  |
| 00000 | Henry Ford Health Systems | 00000   | 2001002      |         |     |                 | double of backson county   |                                       |              | Henry Ford Allegiance Health          | 0 #1101 5111 p    |               | Henry Ford Health     |           |    |
| 00000 | Group                     | 00000   |              |         |     |                 | Grass Lake Real Estate, LLC  |                                       | NIA          | Group                                 | Ownership         | 46.0          | System.               |           | 0  |
| 00000 | Henry Ford Health Systems | 00000   |              |         |     |                 | Henry Ford Elijah McCoy  |                                       |              | O1 Oup                                | 0 milor 3111 p    |               | Henry Ford Health     |           |    |
| 00000 | Group                     |         |              |         |     |                 | Condominium Asso   |                                       | NIA          | Henry Ford Health System              | Ownership         |               | System                |           | 0  |
| 00000 | Henry Ford Health Systems |         |              |         |     |                 | Condominina Acco   | · · · · · · · · · · · · · · · · · · · |              | Henry Ford Allegiance Health          | 0 #1101 0111 p    |               | Henry Ford Health     |           |    |
| 00000 | Group                     |         |              |         |     |                 | Grass Lake Real Estate, LLC  |                                       | NIA          | Group                                 | Ownership         | 46.0          | System.               |           | 0  |
| 30000 | Henry Ford Health Systems |         |              |         |     |                 | Jordan Latara, ELO   | 1                                     |              | J                                     |                   | 1             | Henry Ford Health     | 1         |    |
| 00000 | Group                     |         |              |         |     |                 | Henry Ford Physician Partners  |                                       | NIA          | Henry Ford Health System              | Ownership         | 100.0         | System                |           | Λ  |
| 00000 | Henry Ford Health Systems |         |              |         |     |                 | inomy rold rhystolan rai thers   |                                       | 1117         | Indiry Ford Hodrith by Stell          | 0 milo i 3111 p   |               | Henry Ford Health     |           |    |
| 00000 | Group                     |         |              |         |     |                 | Henry Ford Recovery Care, LLC  |                                       | NIA          | Henry Ford Health System              | Ownership         |               | System                |           | Λ  |
| 30000 | OT OUP                    |         |              |         |     |                 | l  |                                       | 1117         | I   I   I   I   I   I   I   I   I   I | 0 milo i 3111 p   | 1             | Oy 0 t OIIL           |           |    |
|       |                           |         |              |         |     |                 |  |                                       |              |                                       |                   |               |                       | 1         |    |
|       |                           |         |              |         |     |                 |  |                                       |              |                                       |                   |               |                       |           |    |
|       |                           |         |              |         |     |                 |  |                                       |              |                                       |                   |               |                       |           |    |
|       |                           |         | 1            |         |     |                 | İ  |                                       |              |                                       |                   |               |                       | ·         |    |
|       |                           |         | l            |         |     |                 | 1  |                                       |              |                                       |                   |               |                       |           |    |
|       |                           |         |              |         |     |                 |  |                                       |              |                                       |                   |               |                       |           |    |
|       |                           |         |              |         |     |                 | 1  |                                       |              |                                       | ĺ                 | 1             |                       | 1 1       |    |

| Asterisk | Explanation |
|----------|-------------|
|          |             |

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

|  | Response        |
|--|-----------------|
| Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | SEE EXPLANATION |
| Explanation:   |                 |
| 1. Business not written  |                 |
| Bar Code:  |                 |

# **OVERFLOW PAGE FOR WRITE-INS**

## **SCHEDULE A – VERIFICATION**

Real Estate 2 Prior Year Ended Year To Date December 31 Book/adjusted carrying value, December 31 of prior year .. Cost of acquired: Λ 0 2.1 Actual cost at time of acquisition 0 0 2.2 Additional investment made after acquisition ... Current year change in encumbrances
Total gain (loss) on disposals..... 0 Deduct amounts received on disposals

Total foreign exchange change in book/adjusted carrying value. 5. 0 .0 Deduct current year's other-than-temporary impairment recognized. 0 8. 0 0 N 10. Deduct total nonadmitted amounts ..0 0

#### **SCHEDULE B - VERIFICATION**

Statement value at end of current period (Line 9 minus Line 10)

Mortgage Loans Prior Year Ended Year To Date December 31 ..0 ..0 Book value/recorded investment excluding accrued interest, December 31 of prior year. Cost of acquired: 2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition 0 Capitalized deferred interest and other. Accrual of discount. 0 0 Unrealized valuation increase (decrease)... Total gain (loss) on disposals..... Deduct amounts received on disposals. 6. 0 0 8. 0 n 10. ..0 ..0 8+9-10). 12 0 14 Deduct total nonadmitted amounts 0 0 Statement value at end of current period (Line 13 minus Line 14)

#### SCHEDULE BA – VERIFICATION

|     | Other Long-Term Invested Assets   |              |                  |
|-----|---|--------------|------------------|
|     | -   | 1            | 2                |
|     |   |              | Prior Year Ended |
|     |   | Year To Date | December 31      |
| 1.  | Book/adjusted carrying value, December 31 of prior year   | 0            | 0                |
| 2.  | Cost of acquired:   |              |                  |
|     | 2.1 Actual cost at time of acquisition  |              | 0                |
|     | 2.2 Additional investment made after acquisition  |              | 0                |
| 3.  | 2.1 Actual cost at time of acquisition     2.2 Additional investment made after acquisition     Capitalized deferred interest and other  Accrual of discount.   |              | 0                |
| 4.  | Accrual of discount   |              | 0                |
| 5.  | Accrual of discount.  Unrealized valuation increase (decrease)  Total gain (loss) on disposals  Deduct amounts received on disposals.  Deduct amortization of premium and depreciation.  Total foreign exchange change in book/adjusted carrying value.  Deduct current year's other-than-temporary impairment recognized.  Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10). |              | 0                |
| 6.  | Total gain (loss) on disposals  |              | 0                |
| 7.  | Deduct amounts received on disposals  |              | 0                |
| 8.  | Deduct amortization of premium and depreciation   |              | 0                |
| 9.  | Total foreign exchange change in book/adjusted carrying value   |              | 0                |
| 10. | Deduct current year's other-than-temporary impairment recognized.   |              | 0                |
| 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)  | 0            | 0                |
| 12. | Deduct total nonadmitted amounts  | <u> </u>     | <u>[</u>         |
| 13. | Statement value at end of current period (Line 11 minus Line 12)  | 0            | ĺ                |

## SCHEDULE D - VERIFICATION

|          | Bonds and Stocks  |                   |                                      |
|----------|---|-------------------|--------------------------------------|
|          |   | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
| 1.       | Book/adjusted carrying value of bonds and stocks, December 31 of prior year   | 0                 | 0                                    |
| 3.       | Cost of bonds and stocks acquired   |                   | 0                                    |
| 4.<br>5. | Unrealized valuation increase (decrease)  |                   | 0  <br>0                             |
| 6.       | Total gain (loss) on disposals.  Deduct consideration for bonds and stocks disposed of.   |                   | 0                                    |
| 8.       | Deduct amortization of premium  |                   | 0                                    |
| 9.       | Deduct current year's other-than-temporary impairment recognized  Total investment income recognized as a result of prepayment penalties and/or acceleration fees |                   | LU                                   |
| 11.      | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)  | ļ <u>0</u>        |                                      |
| 1        | Deduct total nonadmitted amounts  | 0                 | 0                                    |

# **SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation                  | 1<br>Book/Adjusted<br>Carrying Value<br>Beginning of<br>Current Quarter | 2 Acquisitions During Current Quarter | 3<br>Dispositions<br>During<br>Current Quarter | 4<br>Non-Trading<br>Activity<br>During<br>Current Quarter | 5<br>Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | 6<br>Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | 7<br>Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | 8<br>Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
|-----------------------------------|---|---------------------------------------|--|---|---|--|---|---|
| BONDS                             |   |                                       |  |   |   |  |   |   |
| 1. NAIC 1 (a)                     | 0   |                                       |  |   | 0   | 0  | 0   |   |
| 2. NAIC 2 (a)                     | 0   |                                       |  |   | 0   | 0  | 0   | C   |
| 3. NAIC 3 (a)                     | 0   |                                       |  |   | 0   | 0  | 0   |   |
| 4. NAIC 4 (a)                     | 0   |                                       |  |   | 0   | 0  | 0   |   |
| 5. NAIC 5 (a)                     | 0   |                                       |  |   | 0   | 0  | 0   | 0   |
| 6. NAIC 6 (a)                     | 0   |                                       |  |   | 0   | 0  | 0   | C   |
| 7. Total Bonds                    | 0   | 0                                     | 0  | 0   | 0   | 0  | 0   | C   |
| PREFERRED STOCK                   |   |                                       |  |   |   |  |   |   |
| 8. NAIC 1                         | 0   |                                       |  |   | 0   | 0  | 0   | C   |
| 9. NAIC 2                         | 0   |                                       |  |   | 0   | 0  | 0   | C   |
| 10. NAIC 3                        | 0   |                                       |  |   | 0   | 0  | 0   | C   |
| 11. NAIC 4                        | 0   |                                       |  |   | 0   | 0  | 0   | C   |
| 12. NAIC 5                        | 0   |                                       |  |   | 0   | 0  | 0   | C   |
| 13. NAIC 6                        | 0   |                                       |  |   | 0   | 0  | 0   | C   |
| 14. Total Preferred Stock         | 0   | 0                                     | 0  | 0   | 0   | 0  | 0   | C   |
| 15. Total Bonds & Preferred Stock | 0   | 0                                     | 0  | 0   | 0   | 0  | 0   | 0   |

| (a) Book/Ad | justed Carrying Value column for the e | end of the current reporting period in | ncludes the following amount of shor | t-term and cash equivalent bonds by NAIC designation: | NAIC 1 \$ ; NAIC 2 \$ |  |
|-------------|--|--|--------------------------------------|---|-----------------------|--|
| NAIC 3 \$   | ; NAIC 4 \$                            | ; NAIC 5 \$                            | ; NAIC 6 \$                          |   |                       |  |

# **SCHEDULE DA - PART 1**

Short-Term Investments

|         | 1              | 2         | 3           | 4                  | 5                |
|---------|----------------|-----------|-------------|--------------------|------------------|
|         |                |           |             |                    | Paid for Accrued |
|         | Book/Adjusted  |           |             | Interest Collected | Interest         |
|         | Carrying Value | Par Value | Actual Cost | Year To Date       | Year To Date     |
| 9199999 |                | XXX       |             |                    |                  |

## **SCHEDULE DA - VERIFICATION**

**Short-Term Investments** 

|   | 1            | 2                               |
|---|--------------|---------------------------------|
|   | Year To Date | Prior Year<br>Ended December 31 |
| Book/adjusted carrying value, December 31 of prior year                             |              |                                 |
|   |              |                                 |
| Cost of short-term investments acquired   |              |                                 |
| 3. Accrual of discount  |              |                                 |
| Unrealized valuation increase (decrease)  |              | 0                               |
| 5. Total gain (loss) on disposals   |              | 0                               |
| Deduct consideration received on disposals  |              | 1,025,000                       |
| 7. Deduct amortization of premium.  |              | 0                               |
| Total foreign exchange change in book/adjusted carrying value                       |              | 0                               |
| Deduct current year's other-than-temporary impairment recognized                    |              | 0                               |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 0            | 0                               |
| 11. Deduct total nonadmitted amounts  |              | 0                               |
| 12. Statement value at end of current period (Line 10 minus Line 11)                | 0            | 0                               |

# **SCHEDULE DB - PART A - VERIFICATION**

Options, Caps, Floors, Collars, Swaps and Forwards

| 1.  | Book/Adjusted Carrying Value, December 31, prior year (Line 10, prior year)     |
|-----|---|
| 2.  | Cost Paid/(Consideration Received) on additions.                                |
|     | Unrealized Valuation increase/(decrease)  |
|     | SSAP No. 108 adjustments.   |
|     | Total gain (loss) on termination recognized.                                    |
|     | Considerations received/(paid) on terminations.                                 |
| 7.  | Amortization  |
| 8.  | Adjustment to the Book/Adjusted Carrying Value of hedged item                   |
| 9.  | Total foreign exchange change in Book/Adjusted Carrying Value                   |
| 10. | Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4+5-6+7+8+9) |
| 11. | Deduct nonadmitted assets.  |
| 12. | Statement value at end of current period (Line 10 minus Line 11)                |

# **SCHEDULE DB - PART B - VERIFICATION**

Futures Contracts

|     | Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year)                               |   |
|-----|--|---|
| 2.  | Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote – Cumulative Cash Change column) | 0 |
| 3.1 | 1 Add:   |   |
|     | Change in variation margin on open contracts – Highly Effective Hedges                                     |   |
|     | 3.11 Section 1, Column 15, current year to date minus0   |   |
|     | 3.12 Section 1, Column 15, prior year  |   |
|     | Change in variation margin on open contracts – All Other   |   |
|     | 3.13 Section 1, Column 18, current year to date minus  |   |
|     | 3.14 Section 1, Column 18, prior year  |   |
| 3.2 | 2 Add:   |   |
|     | Change in adjustment to basis of hedged item   |   |
|     | 3.21 Section 1, Column 17, current year to date minus  |   |
|     | 3.22 Section 1, Column 17, prior year  |   |
|     | Change in amount recognized  |   |
|     | 3.23 Section 1, Column 19, current year to date minus  |   |
|     | 3.24 Section 1, Column 19, prior year plus   |   |
|     | 3.25 SSAP No. 108 adjustments  |   |
| 3.3 | 3 Subtotal (Line 3.1 minus Line 3.2)   | 0 |
| 4.1 | 1 Cumulative variation margin on terminated contracts during the year                                      |   |
| 4.2 | 2 Less:  |   |
|     | 4.21 Amount used to adjust basis of hedged item  |   |
|     | 4.22 Amount recognized   |   |
|     | 4.23 SSAP No. 108 adjustments  |   |
| 4.3 | 3 Subtotal (Line 4.1 minus Line 4.2)   | 0 |
| 5.  | Dispositions gains (losses) on contracts terminated in prior year:   |   |
|     | 5.1 Total gain (loss) recognized for terminations in prior year.   |   |
|     | 5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year                      |   |
| 6.  | Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)                          | 0 |
| 7.  | Deduct total nonadmitted amounts   |   |
| 8.  | Statement value at end of current period (Line 6 minus Line 7)   | 0 |
|     |  |   |

# **SCHEDULE DB - PART C - SECTION 1**

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

| Replication (Synthetic Asset) Transactions |                 |                        |          |   |            |            |                    | Components of the Replication (Synthetic Asset) Transactions |                                 |            |       |             |   |                                 |            |
|--|-----------------|------------------------|----------|---|------------|------------|--------------------|--|---------------------------------|------------|-------|-------------|---|---------------------------------|------------|
| 1  | 1 2 3 4 5 6 7 8 |                        |          |   |            | Derivative | Instrument(s) Open | Сотпрото   | Cash Instrument(s) Held         |            |       |             |   |                                 |            |
|  | _               | · ·                    | "        |   | 0          | 1 '        | "                  | 9  | 10                              | 11         | 12    | 13          | 14  | 15                              | 16         |
|  |                 |                        |          |   |            |            |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 | NAIC<br>Designation or |          |   |            |            |                    |  |                                 |            |       |             | NAIC  |                                 |            |
| l  |                 | Designation or         | Notional | Book/Adjusted<br>Carrying Value         |            | Effective  | Maturity           |  | Book/Adjusted<br>Carrying Value |            |       |             | NAIC<br>Designation or<br>Other Description | Book/Adjusted<br>Carrying Value |            |
| Number                                     | Description     | Other Description      | Amount   | Carrying Value                          | Fair Value | Date       | Date               | Description  | Carrying Value                  | Fair Value | CUSIP | Description | Other Description                           | Carrying Value                  | Fair Value |
|  |                 |                        |          |   |            | <b></b>    |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        |          |   |            | ļ          |                    |  |                                 |            | ļ     |             |   |                                 |            |
|  |                 |                        |          |   |            | <b></b>    |                    |  |                                 |            | ļ     |             |   |                                 |            |
|  |                 |                        |          |   |            |            |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        |          |   |            |            |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        | 4        |   |            | <b></b>    |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        |          |   |            |            |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        |          |   |            | ļ          |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        |          |   |            |            |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        |          |   |            |            |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        | 1        |   |            | 1          | L                  |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        | 1        |   |            | 1          | L                  |  |                                 |            |       |             |   |                                 |            |
| 1  |                 |                        |          |   |            |            |                    |  |                                 |            |       |             |   |                                 |            |
| 1  |                 |                        |          |   |            |            |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        |          |   |            |            |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        |          |   |            | 1          |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        | 1        |   |            | 1          |                    |  |                                 |            |       |             |   |                                 |            |
|  |                 |                        | Ť        | *************************************** |            | 1          |                    |  |                                 |            |       | -           |   |                                 |            |
|  |                 |                        | †        | -                                       |            | †          |                    |  |                                 |            |       | -           |   |                                 |            |
|  |                 |                        | †        |   |            | †          |                    |  |                                 |            |       |             |   |                                 |            |
| 0000000000                                 | Totals          | I                      | -+       | 0                                       | Λ          | XXX        | XXX                | ХХХ  | 0                               | Λ          | XXX   | XXX         | XXX   | 0                               | 0          |
| 99999999 Totals                            |                 |                        |          | 1                                       | ı U        | 1 444      | _ ^^^              | 1  | 1                               | 1 0        | 1 444 | 1           | 1   | 1 0 1                           | 1 0        |

# SIO

#### STATEMENT AS OF JUNE 30, 2021 OF THE HAP Empowered Health Plan, Inc.

# **SCHEDULE DB - PART C - SECTION 2**

Replication (Synthetic Asset) Transactions Open

|   | First C             | )uarter  | Second              | Quarter  | Third (             | Quarter  | Fourth              | Quarter  | Year T              | o Date  |
|---|---------------------|--|---------------------|--|---------------------|--|---------------------|--|---------------------|---|
|   | 1                   | 2 Total Replication (Synthetic Asset) Transactions | 3                   | 4 Total Replication (Synthetic Asset) Transactions | 5                   | 6 Total Replication (Synthetic Asset) Transactions | 7                   | 8 Total Replication (Synthetic Asset) Transactions | 9                   | 10 Total Replication (Synthetic Asset) Transactions |
|   | Number of Positions | Statement Value                                     |
| Beginning Inventory   | 0                   | 0  | 0                   | 0  | 0                   | 0  | 0                   | 0  | 0                   | 0   |
| Add: Opened or Acquired Transactions  |                     |  |                     |  |                     |  |                     |  | 0                   | 0   |
| Add: Increases in Replication (Synthetic Asset)     Transactions Statement Value  | XXX                 |  | XXX                 |  | XXX                 |  | xxx                 |  | XXX                 | 0   |
| Less: Closed or Disposed of Transactions  |                     |  |                     |  |                     |  |                     |  | 0                   | 0   |
| Less: Positions Disposed of for Failing Effectiveness     Criteria                |                     |  |                     |  |                     |  |                     |  | 0                   | 0   |
| Less: Decreases in Replication (Synthetic Asset)     Transactions Statement Value | XXX                 |  | XXX                 |  | XXX                 |  | XXX                 |  | XXX                 | 0   |
| 7. Ending Inventory   | 0                   | 0  | 0                   | 0  | 0                   | 0  | 0                   | 0  | 0                   | 0   |

## **SCHEDULE DB - VERIFICATION**

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

|     |  | Book/Adjusted Carrying Value Check |   |
|-----|--|------------------------------------|---|
| 1.  | Part A, Section 1, Column 14   | 0                                  |   |
| 2.  | Part B, Section 1, Column 15 plus Part B, Section 1 Footnote – Total Ending Cash Balance | 0                                  |   |
| 3.  | Total (Line 1 plus Line 2)   |                                    | j |
| 4.  | Total (Line 1 plus Line 2)   | 0                                  |   |
| 5.  | Part D, Section 1, Column 7  | 0                                  |   |
| 6.  | Total (Line 3 minus Line 4 minus Line 5)   |                                    | 1 |
|     |  | Fair Value Check                   |   |
| 7.  | Part A, Section 1, Column 16   | 0                                  |   |
| 8.  | Part B, Section 1, Column 13   | 0                                  |   |
| 9.  | Total (Line 7 plus Line 8)   |                                    | ) |
| 10. | Part D, Section 1, Column 9.   | 0                                  |   |
| 11. | Part D, Section 1, Column 10  Total (Line 9 minus Line 10 minus Line 11)                 | 0                                  |   |
| 12. | Total (Line 9 minus Line 10 minus Line 11)   |                                    | ) |
|     |  | Potential Exposure Check           |   |
| 13. | Part A, Section 1, Column 21   | 0                                  |   |
| 14. | Part B, Section 1, Column 20.  | 0                                  |   |
| 15. |  | 0                                  |   |
| 16. | Total (Line 13 plus Line 14 minus Line 15)   |                                    | j |

# SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

|     |   | 1<br>Year To<br>Date | 2<br>Prior Year<br>Ended December 31 |
|-----|---|----------------------|--------------------------------------|
| 1.  | Book/adjusted carrying value, December 31 of prior year                         | 40,097,193           | 46 , 130 , 628                       |
|     | Cost of cash equivalents acquired   |                      |                                      |
| 3.  | Accrual of discount   |                      | 0                                    |
| 4.  | Unrealized valuation increase (decrease)  |                      | 0                                    |
| 5.  | Total gain (loss) on disposals.   |                      | 0                                    |
| 6.  | Deduct consideration received on disposals                                      |                      | 6,033,435                            |
| 7.  | Deduct amortization of premium  |                      | 0                                    |
| 8.  | Total foreign exchange change in book/adjusted carrying value                   |                      | 0                                    |
| 9.  | Deduct current year's other-than-temporary impairment recognized                |                      | 0                                    |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 40,099,419           | 40,097,193                           |
| 11. | Deduct total nonadmitted amounts  |                      | 0                                    |
| 12. | Statement value at end of current period (Line 10 minus Line 11)                | 40,099,419           | 40,097,193                           |

# **SCHEDULE A - PART 2**

| Showing All Real Estate | ACCHIPED AND AD | IDITIONS MADE During | the Current Quarter |
|-------------------------|-----------------|----------------------|---------------------|
|                         |                 |                      |                     |

| 1                       |      |        | 4             | 5              | 6  | 7                      | 8   | 9  |
|-------------------------|------|--------|---------------|----------------|--|------------------------|---|--|
|                         | Loc  | cation |               |                |  |                        |   |  |
|                         | 2    | 3      | 1             |                | Actual Cost                              |                        |   | Additional Investment                              |
|                         |      |        |               |                | at                                       |                        | Book/Adjusted Carrying Value<br>Less Encumbrances | Made After   |
| Description of Property | City | State  | Date Acquired | Name of Vendor | Actual Cost<br>at<br>Time of Acquisition | Amount of Encumbrances | Less Encumbrances                                 | Additional Investment<br>Made After<br>Acquisition |
|                         |      |        |               |                |  |                        |   |  |
|                         |      |        |               |                |  |                        |   |  |
|                         |      |        |               |                |  |                        | <b>†</b>  |  |
|                         | 1    |        |               |                |  |                        | †   | ·  |
|                         | 1    |        |               |                |  |                        | †   | 1  |
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|                         | 1    |        |               |                | <u> </u>                                 | <b></b>                | †   | †  |
|                         | 1    |        |               |                |  |                        |   |  |
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|                         | 1    |        | ļ             |                | ·····                                    | <b> </b>               | ł   | <del> </del>                                       |
|                         | ·    |        |               | 4              |  |                        |   |  |
| 0399999 Totals          |      |        |               |                | 0  | 0                      | 0   | 0  |

## **SCHEDULE A - PART 3**

| Description of Property  City  State  Disposal Date  Name of Purchaser  Actual Cost  Encumbrances  Prior Year  Description of Property  Description of Property  Description of Property  Description of Property  Description of Property  Description of Property  Date  Name of Purchaser  Actual Cost  Encumbrances  Prior Year  Depreciation  Depreciation  Recognized  Encumbrances  Prior Year  Depreciation  Recognized  Encumbrances  Name of Purchaser  Disposal  Dispos |                         |      |        |          | 31101             | Willig All Real L | -State DISFOS  | ED During the |              |               |                  |                |             | ies Under Con | liaci       |           |               |          |              |                |
|--|-------------------------|------|--------|----------|-------------------|-------------------|----------------|---------------|--------------|---------------|------------------|----------------|-------------|---------------|-------------|-----------|---------------|----------|--------------|----------------|
| Pescription of Property City State Description of P | 1                       | Lo   | cation | 4        | 5                 | 6                 | 7              | 8             | Changes      | in Book/Adjus | sted Carrying Va | alue Less Encu | ımbrances   | 14            | 15          | 16        | 17            | 18       | 19           | 20             |
| Description of Property  City  State  Disposal Date  Name of Purchaser  Actual Cost  Realized Actual Cost  Realized Actual Cost  Recognized  Realized Corrent Year's Chernet Temporary (Current Year's Clernet Temporary (Current Year's Exchange Change in B.A.C.V. (Current Year's Exchange Change |                         | 2    | 3      |          |                   |                   |                |               | 9            | 10            | 11               | 12             | 13          |               |             |           |               |          |              |                |
| Less Description of Property  City  State    Date   |                         |      |        |          |                   |                   | for Additions, |               |              | Current       |                  |                |             |               |             |           |               |          | Gross        |                |
| Description of Property  Lity State Disposal Description of Property  Lity State Disposal Date  Actual Cost State Date  Actual Cost Date  Actual Cost Date  Actual Co |                         |      |        |          |                   |                   |                |               |              |               |                  |                |             | Book/Adjusted |             |           |               |          |              |                |
| Description of Property  City  State  Disposal Date  Name of Purchaser  Actual Cost  Encumbrances  Prior Year  Description of Property  Description of Property  Description of Property  Description of Property  Description of Property  Description of Property  Date  Name of Purchaser  Actual Cost  Encumbrances  Prior Year  Depreciation  Depreciation  Recognized  Encumbrances  Prior Year  Depreciation  Recognized  Encumbrances  Name of Purchaser  Disposal  Dispos |                         |      |        |          |                   |                   | Improvements   |               |              |               |                  |                |             |               |             |           |               |          |              |                |
| Description of Property City State Date Name of Purchaser Actual Cost Encumbrances Prior Year Depreciation Recognized Encumbrances (11-9-10) B./A. C. V. on Disposal During Year Disposal Dispos |                         |      |        |          |                   |                   | and Changes    |               |              | Temporary     | Current Year's   | Total Change   | Exchange    |               |             |           |               |          |              | Taxes, Repairs |
|  |                         |      |        | Disposal |                   |                   | in             |               |              |               |                  |                |             |               |             | (Loss) on | Gain(Loss) on |          |              |                |
| 30000 Totals   | Description of Property | City | State  | Date     | Name of Purchaser | Actual Cost       | Encumbrances   | Prior Year    | Depreciation | Recognized    | Encumbrances     | (11-9-10)      | B./A. C. V. | on Disposal   | During Year | Disposal  | Disposal      | Disposal | Encumbrances | Incurred       |
| 39999 Totals   |                         |      |        |          |                   |                   |                |               |              |               |                  |                |             |               |             |           |               |          | ļ            |                |
| 39999 Totals   |                         |      |        |          |                   |                   |                |               |              |               |                  |                | ·····       |               |             |           |               |          | <del> </del> |                |
| 39999 Totals   |                         |      |        |          |                   |                   |                |               |              |               |                  |                |             |               |             |           |               |          | †            |                |
| 39999 Totals   |                         |      | 1      |          |                   |                   |                |               |              |               |                  |                |             |               |             |           |               |          | İ            |                |
| 39999 Totals   |                         |      | ]      |          |                   |                   |                |               |              |               |                  |                |             |               |             |           |               |          |              |                |
| 39999 Totals   |                         |      |        |          |                   |                   |                |               |              |               |                  |                |             |               |             | ļ         |               |          | ļ            |                |
| 39999 Totals   |                         |      |        |          |                   |                   |                |               |              |               |                  |                |             |               |             |           |               |          | ļ            |                |
| 39999 Totals   |                         |      |        |          |                   |                   |                |               |              |               |                  |                |             |               |             |           |               |          | <del> </del> |                |
| 39999 Totals   |                         |      |        |          |                   |                   |                |               |              |               |                  |                |             |               |             |           |               |          | †            |                |
| 39999 Totals   |                         |      | 1      |          |                   |                   |                |               |              |               |                  |                |             |               |             |           |               |          | 1            |                |
| 399990 Totals  |                         |      | 1      |          |                   |                   |                |               |              |               |                  |                |             |               |             |           |               |          | I            |                |
| 39999 Totals   |                         |      |        |          |                   |                   |                |               | ļ            | ļ             | ļ                |                | ļ           |               |             | ļ         | ļ             | ļ        | ļ            |                |
| 39999 Totals   |                         |      |        |          |                   |                   |                |               |              |               |                  |                |             |               |             |           |               |          |              |                |
| 399990 Totals  |                         |      |        |          | ·····             |                   |                |               | ļ            |               | ·                |                | ļ           |               |             | <b></b>   |               | ļ        | <del> </del> |                |
| 39999 Totals   |                         |      |        |          |                   |                   |                |               |              |               |                  |                | ·····       |               |             |           |               | ·····    | t            |                |
| 399999 Totals 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |                         |      | 1      |          |                   |                   |                |               | ļ            | †             | 1                | ·              | †           |               |             | İ         | l             | l        | †            | 1              |
| 399999 Totals  |                         |      | 1      |          |                   |                   |                |               |              |               |                  | 1              |             |               |             |           |               |          | 1            |                |
|  | 039999 Totals           |      | 1      |          | 1                 | 0                 | 0              | 0             | 0            | 0             | 0                | 0              | 0           | 0             | 0           | 0         | 0             | 0        | 0            | 0              |

# **SCHEDULE B - PART 2**

|                |          | Showing Al | I Mortgage Loans ACQUIRED | <b>AND ADDITIONS MADE Duri</b> | ng the Current Quarter |                     |                            |                              |
|----------------|----------|------------|---------------------------|--------------------------------|------------------------|---------------------|----------------------------|------------------------------|
| 1              | Location |            | 4                         | 5                              | 6                      | 7                   | 8                          | 9                            |
|                | 2        | 3          |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     | l                          | 1                            |
| Lana Niverban  | Oit.     | Ct-t-      | Lasa Tima                 | Data Associated                | Data of laterest       | Actual Cost at      | Additional Investment Made | Natura of Land and Duildings |
| Loan Number    | City     | State      | Loan Type                 | Date Acquired                  | Rate of Interest       | Time of Acquisition | After Acquisition          | Value of Land and Buildings  |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
|                |          |            |                           |                                |                        |                     |                            |                              |
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|                |          |            |                           |                                | ļ                      |                     |                            | ļ                            |
|                |          |            |                           |                                |                        |                     |                            |                              |
| 3399999 Totals |          |            |                           |                                |                        | 0                   | 1 0                        | 0                            |

# **SCHEDULE B - PART 3**

|             |          |       | Showing | All Mortgage | Loans DISPO | OSED, Trans                               | erred or Rep                        | aid During t                 | he Current Q                           | uarter      |                                  |                                  |   |               |                                    |             |                         |
|-------------|----------|-------|---------|--------------|-------------|---|-------------------------------------|------------------------------|--|-------------|----------------------------------|----------------------------------|---|---------------|------------------------------------|-------------|-------------------------|
| 1           | Location |       | 4       | 5            | 6           | 7   |                                     | Change                       | in Book Value                          | Recorded In | vestment                         |                                  | 14  | 15            | 16                                 | 17          | 18                      |
|             | 2        | 3     |         |              |             |   | 8                                   | 9                            | 10                                     | 11          | 12                               | 13                               |   |               |                                    |             |                         |
|             |          |       |         |              |             | Book<br>Value/Re-<br>corded<br>Investment |                                     |                              | Current<br>Year's                      |             |                                  | _Total                           | Book<br>Value/Re-<br>corded<br>Investment |               |                                    |             |                         |
|             |          |       | Loan    | Date         | Disposal    | Excluding Accrued Interest                | Unrealized<br>Valuation<br>Increase | Current<br>Year's            | Other-Than-<br>Temporary<br>Impairment | Deferred    | Total<br>Change in<br>Book Value | Foreign<br>Exchange<br>Change in | Excluding Accrued Interest on             |               | Foreign<br>Exchange<br>Gain (Loss) | Realized    | Total Gain<br>(Loss) on |
| Loan Number | City     | State | Туре    | Acquired     | Disposal    | Prior Year                                | (Decrease)                          | (Amortization)/<br>Accretion | Recognized                             |             |                                  | Book Value                       |   | Consideration | on Disposal                        | on Disposal | Disposal                |
|             |          |       |         |              |             |   |                                     |                              |  |             |                                  |                                  |   |               |                                    |             |                         |
|             |          |       |         |              |             |   |                                     |                              |  |             |                                  |                                  |   |               |                                    |             |                         |
|             |          |       |         |              |             |   |                                     |                              |  |             |                                  |                                  |   |               |                                    |             |                         |
|             |          |       |         |              |             | l   |                                     |                              |  |             |                                  |                                  |   | ļ             | <br>                               |             | l                       |
|             |          |       |         |              |             |   |                                     |                              |  |             |                                  |                                  |   |               |                                    |             |                         |
|             |          |       |         |              |             |   |                                     |                              |  |             |                                  |                                  |   |               |                                    |             |                         |
|             |          |       |         |              |             | ļ   |                                     |                              |  |             |                                  |                                  |   |               | <u> </u>                           |             | ļ                       |
|             |          |       |         |              |             |   |                                     |                              |  |             |                                  |                                  |   |               |                                    |             |                         |
|             |          |       |         |              |             | l   |                                     |                              |  |             |                                  |                                  |   | <u> </u>      |                                    |             |                         |
|             |          |       |         |              |             |   |                                     |                              |  |             |                                  |                                  |   |               |                                    |             |                         |
|             |          |       |         |              |             |   |                                     |                              |  |             |                                  |                                  |   |               |                                    |             |                         |
|             |          |       |         |              |             |   |                                     |                              |  |             |                                  |                                  |   |               |                                    |             |                         |

## **SCHEDULE BA - PART 2**

| Showing Other Long-Term Invested Ass | ALC ACCUIDED AND ADDITIONS | MADE During the Current Querter      |
|--------------------------------------|----------------------------|--------------------------------------|
| Showing Other Long-Term invested Ass | EIS ACQUIRED AND ADDITIONS | S MADE DUITING LITE CUTTETIL QUALTER |

| 1                       | 2                   | Loca      | ation      | 5  | 6  | 7                                     | 8                       | 9  | 10  | 11                     | 12   | 13                            |
|-------------------------|---------------------|-----------|------------|--|--|---------------------------------------|-------------------------|--|---|------------------------|--|-------------------------------|
| CUSIP<br>Identification | Name or Description | 3<br>City | 4<br>State | Name<br>of<br>Vendor or<br>General Partner | NAIC Designation,<br>NAIC Designation Modifier<br>and SVO Administrative<br>Symbol | Date<br>Originally<br>Acquired        | Type<br>and<br>Strategy | Actual<br>Cost at Time of<br>Acquisition | Additional Investment<br>Made After Acquisition | Amount of Encumbrances | Commitment<br>for Additional<br>Investment | Percentage<br>of<br>Ownership |
|                         |                     |           |            |  |  |                                       |                         |  |   |                        |  |                               |
|                         |                     |           |            |  |  |                                       |                         |  |   |                        |  |                               |
|                         |                     |           |            |  |  | •••••                                 |                         |  | •   |                        |  |                               |
|                         |                     |           |            |  |  |                                       |                         |  |   |                        |  |                               |
|                         |                     |           |            |  |  |                                       |                         |  |   |                        |  |                               |
|                         |                     |           |            |  |  |                                       |                         |  |   |                        |  |                               |
|                         |                     |           |            |  |  |                                       |                         |  | +   |                        |  |                               |
|                         |                     |           |            |  |  | •                                     |                         |  |   |                        |  |                               |
|                         |                     |           |            |  |  | · · · · · · · · · · · · · · · · · · · |                         |  |   |                        |  |                               |
|                         |                     |           |            |  |  |                                       |                         |  |   |                        |  |                               |
|                         |                     |           |            |  |  |                                       |                         |  | +   |                        |  |                               |
|                         |                     |           |            |  |  |                                       |                         |  |   |                        |  |                               |
|                         |                     |           |            |  |  |                                       |                         |  | ļ   |                        |  |                               |
|                         |                     |           |            |  |  |                                       |                         |  | +   |                        |  |                               |
|                         |                     |           |            |  |  |                                       |                         |  | ·   |                        |  |                               |
| 4899999 – Subto         | tals - Unaffiliated |           |            | r  | T  |                                       | <del></del>             | 0  | 0   | 0                      | 0  | XXX                           |
| 4999999 – Subto         |                     |           |            |  |  |                                       |                         | 0  | 0   | 0                      | 0  | XXX                           |
| 5099999 Totals          |                     |           |            |  |  |                                       |                         | 0  | 0   | 0                      | 0  | XXX                           |

## **SCHEDULE BA - PART 3**

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

| 1                     | 2            | Loca | ation | 5                    | 6            | 7        | 8            |            | Change          | e in Book/Adj | usted Carryin | g Value      |           | 15            | 16            | 17          | 18        | 19       | 20         |
|-----------------------|--------------|------|-------|----------------------|--------------|----------|--------------|------------|-----------------|---------------|---------------|--------------|-----------|---------------|---------------|-------------|-----------|----------|------------|
|                       |              | 3    | 4     |                      |              |          |              | 9          | 10              | 11            | 12            | 13           | 14        |               |               |             |           |          | 1          |
|                       |              |      |       |                      |              |          | Book/        |            | Current         | Current       |               |              |           | Book/Adjusted |               |             |           |          | 1          |
|                       |              |      |       |                      |              |          | Adjusted     |            | Year's          | Year's        |               | Total        | Total     | Carrying      |               |             |           |          | 1          |
|                       |              |      |       |                      | l <u>.</u> . |          | Carrying     | Unrealized | (Depreciation)  | Other-Than-   |               | Change       | Foreign   | Value         |               | Foreign     | Realized  | Total    | 1          |
| OLIOID                |              |      |       |                      | Date         | 5        | Value Less   | Valuation  | or              | Temporary     | Deferred      | in           | Exchange  | Less          |               | Exchange    | Gain      | Gain     | íl         |
| CUSIP                 | Name or      |      |       | Name of Purchaser or | Originally   |          | Encumbrances |            | (Amortization)/ | Impairment    | Interest      | B./A.C.V.    |           | Encumbrances  |               | Gain (Loss) | (Loss) on |          | Investment |
| Identification        | Description  | City | State | Nature of Disposal   | Acquired     | Date     | Prior Year   | (Decrease) | Accretion       | Recognized    | and Other     | (9+10-11+12) | B./A.C.V. | on Disposal   | Consideration | on Disposal | Disposal  | Disposal | Income     |
|                       |              |      |       |                      |              |          |              |            |                 |               |               |              |           |               |               |             |           | j        | ļ          |
|                       |              |      |       |                      | <b></b>      |          |              |            |                 |               | ļ             |              |           |               |               |             |           | j        | ļ          |
|                       |              |      |       |                      |              |          |              |            |                 |               |               |              |           |               |               |             |           | j        | ļ          |
|                       |              |      |       |                      | <b>.</b>     |          |              |            |                 |               | ļ             |              |           |               |               |             |           | į        | ļ          |
|                       |              |      |       |                      | <b></b>      |          |              |            |                 |               | ļ             |              |           |               |               |             |           | į        | ļ          |
|                       |              |      |       |                      |              | <u> </u> |              |            |                 |               |               |              |           |               |               |             |           | i        | ļ          |
|                       |              |      |       |                      | <u> </u>     |          |              |            |                 |               | <u> </u>      | <u> </u>     |           |               |               | L           |           |          | ļ          |
|                       |              |      |       |                      | L            | L        |              |            |                 |               | L             |              |           |               |               | L           |           |          | L          |
|                       |              |      |       |                      |              |          |              |            |                 |               |               |              |           |               |               |             |           |          | L          |
| 4899999 - Subtotals - | Unaffiliated |      |       |                      | •            | •        | 0            | 0          | 0               | 0             | 0             | 0            | 0         | 0             | 0             | 0           | 0         | 0        | 0          |
| 4999999 - Subtotals - | Affiliated   |      |       |                      |              |          | 0            | 0          | 0               | 0             | 0             | 0            | 0         | 0             | 0             | 0           | 0         | 0        | 0          |
| 5099999 Totals        |              |      |       |                      |              |          | 0            | 0          | 0               | 0             | 0             | 0            | 0         | 0             | 0             | 0           | 0         | 0        | 0          |

# **SCHEDULE D - PART 3**

| Show All Long-Term E | Bonds and Stock Acquir | ed During the Current Quarter |
|----------------------|------------------------|-------------------------------|

|                         |             |         | Show All Lor  | ng-Term Bonds and Stock Acquired During t | he Current Quarter           |                |           |  |   |
|-------------------------|-------------|---------|---------------|---|------------------------------|----------------|-----------|--|---|
| 1                       | 2           | 3       | 4             | 5   | 6                            | 7              | 8         | 9  | 10  |
| CUSIP<br>Identification | Description | Foreign | Date Acquired | Name of Vendor                            | Number of<br>Shares of Stock | Actual<br>Cost | Par Value | Paid for Accrued<br>Interest and Dividends | NAIC Designation,<br>NAIC Designation<br>Modifier and SVO |
|                         |             |         |               |   |                              |                |           | †  |   |
|                         |             |         |               |   |                              |                |           |  |   |
|                         |             |         |               |   |                              |                |           |  |   |
|                         |             |         |               |   |                              |                |           |  | -   |
|                         |             |         |               |   |                              |                | <u> </u>  | <del> </del>                               |   |
|                         |             |         |               |   |                              |                |           |  |   |
|                         |             |         |               |   |                              |                |           |  |   |
|                         |             |         |               |   |                              |                |           | ļ  |   |
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|                         |             |         | -             |   |                              |                | ·         | ·····                                      | -   |
|                         |             |         |               |   |                              |                |           | †  |   |
|                         |             |         |               |   |                              |                |           |  |   |
|                         |             |         |               |   |                              |                |           | ļ  |   |
|                         |             |         |               |   |                              |                |           |  |   |
|                         |             |         |               |   |                              |                |           |  | -   |
|                         |             |         |               |   |                              |                |           |  |   |
|                         |             |         |               |   |                              |                |           |  |   |
|                         |             |         | .             |   |                              |                |           |  |   |
|                         |             |         |               |   |                              |                |           |  |   |
|                         |             |         |               |   |                              |                |           |  | -   |
|                         |             |         | ·             |   |                              |                |           |  |   |
|                         |             |         |               |   |                              |                |           |  |   |
|                         |             |         |               |   |                              |                |           |  |   |
|                         |             |         |               |   |                              |                | ļ         |  |   |
|                         |             |         |               |   |                              |                |           | <del> </del>                               |   |
| 0000000 Totala          |             |         |               |   |                              | ^              | VVV       | ^  | XXX   |
| 9999999 Totals          |             |         |               |   |                              | 0              | XXX       | 0  | 747   |

# **SCHEDULE D - PART 4**

|           |             |            |                   |           | Shov          | v All Long-T | erm Bonds a | nd Stock Solo  | d, Redeemed | or Otherwise    | Disposed of      | During the C  | Current Quart | er            |           |               |            |                |             |                |
|-----------|-------------|------------|-------------------|-----------|---------------|--------------|-------------|----------------|-------------|-----------------|------------------|---------------|---------------|---------------|-----------|---------------|------------|----------------|-------------|----------------|
| 1         | 2           | 3 4        | 5                 | 6         | 7             | 8            | 9           | 10             |             | Change in E     | Book/Adjusted Ca | arrying Value |               | 16            | 17        | 18            | 19         | 20             | 21          | 22             |
|           |             | F          |                   |           |               |              |             |                | 11          | 12              | 13               | 14            | 15            |               |           |               |            |                |             | NAIC           |
|           |             | 0          |                   |           |               |              |             |                |             |                 |                  |               |               |               |           |               |            |                |             | Designation,   |
|           |             | r          |                   |           |               |              |             |                |             |                 | Current Year's   |               |               | Book/         |           |               |            | Bond           |             | NAIC Desig.    |
|           |             | e          |                   |           |               |              |             |                | Unrealized  |                 |                  |               | Total Foreign | Adjusted      | Foreign   |               |            | Interest/Stock | Stated      | Modifier and   |
| CUSIP     |             | i          |                   | Number of |               |              |             | Prior Year     | Valuation   | Current Year's  | Temporary        | in            | Exchange      |               |           | Realized Gain | Total Gain | Dividends      | Contractual | SVO            |
| Identi-   |             | g Disposal |                   | Shares of |               |              |             | Book/Adjusted  | Increase/   | (Amortization)/ | Impairment       | B./A.C.V.     | Change in     | at            | (Loss) on | (Loss) on     | (Loss) on  | Received       | Maturity    | Administrative |
| fication  | Description | n Date     | Name of Purchaser | Stock     | Consideration | Par Value    | Actual Cost | Carrying Value | (Decrease)  | Accretion       | Recognized       | (11+12-13)    | B./A.C.V.     | Disposal Date | Disposal  | Disposal      | Disposal   | During Year    | Date        | Symbol         |
|           |             |            |                   |           |               |              |             |                |             |                 |                  |               |               |               |           |               |            | <b></b>        |             |                |
|           |             |            |                   |           |               |              |             |                |             | ·····           |                  | ·····         |               |               |           |               |            | <del> </del>   |             |                |
|           |             |            |                   |           |               |              |             |                |             | †               |                  | †             | †             |               |           |               |            | †              |             |                |
|           |             |            |                   |           |               |              |             |                |             |                 |                  |               |               |               |           |               |            |                |             |                |
|           |             |            |                   |           |               |              |             |                |             |                 |                  |               |               |               |           |               |            |                |             |                |
|           |             |            |                   |           | ļļ.           |              |             | ļ              |             | <b></b>         | <b></b>          | <b></b>       |               | <b></b>       |           | ļ             |            | <b></b>        | ļ           | <b></b>        |
|           |             |            |                   |           |               |              |             |                |             |                 |                  | ·····         |               | +             |           |               |            | ·····          |             |                |
|           |             |            |                   |           |               |              |             |                |             | <del> </del>    |                  |               |               | <b>†</b>      |           |               |            | †              |             |                |
|           |             |            |                   |           |               |              |             |                |             |                 |                  |               |               | 1             |           |               |            |                |             |                |
|           |             |            |                   |           |               |              |             |                |             |                 |                  |               |               |               |           |               |            |                |             |                |
|           |             |            |                   |           |               |              |             |                |             | ļ               |                  | ļ             |               | <b>↓</b>      |           |               |            | <b></b>        |             | ļ              |
|           |             |            |                   |           |               |              |             |                |             | <b></b>         |                  | <b></b>       |               |               |           |               |            | <b></b>        |             |                |
|           |             |            |                   |           |               |              |             |                |             |                 |                  | ·····         |               |               |           |               |            | <del> </del>   |             |                |
|           |             |            |                   |           |               |              |             |                |             |                 |                  | †             |               |               |           |               |            | †              |             |                |
|           |             |            |                   |           |               |              |             |                |             |                 |                  |               |               |               |           |               |            | I              |             |                |
|           |             |            |                   |           |               |              |             |                |             |                 |                  |               |               |               |           |               |            | <b></b>        |             |                |
|           |             |            |                   |           | ļ             |              |             |                |             | ļ               |                  | ļ             |               |               |           |               |            | <b></b>        |             | <b></b>        |
|           |             |            |                   |           |               |              |             |                |             | +               |                  | ·····         |               | +             |           |               |            | <del> </del>   |             | •              |
|           |             |            |                   |           | ······        |              |             |                |             | †               |                  | ·····         |               | †             |           | ·             |            | †              |             |                |
|           |             |            |                   |           |               |              |             |                |             |                 |                  |               |               | 1             |           |               |            |                |             |                |
|           |             |            |                   |           |               |              |             |                |             |                 |                  |               |               |               |           |               |            |                |             |                |
|           |             |            |                   |           | ļļ.           |              |             | ļ              |             | <b></b>         | ļ                | ļ             |               | <b>↓</b>      |           | ļ             |            | <b></b>        | ļ           | ļ              |
|           |             |            |                   |           | -             |              |             |                |             | <b></b>         |                  | ļ             |               | <b></b>       |           | ļ             |            | <b></b>        |             | ļ              |
|           |             |            |                   | -         | ·····         |              |             | <del> </del>   |             | t               | ·····            | <del> </del>  | +             | †····         |           | t             |            | t              | ····        | <b>†</b>       |
|           |             |            |                   | 1         |               |              |             | +              |             | †               |                  | †             | +             | İ             |           | †             |            | †              | ·····       | †              |
|           |             |            |                   |           |               |              |             |                |             | I               |                  |               |               |               |           |               |            | I              |             | I              |
|           |             |            |                   |           |               |              |             |                |             |                 |                  |               |               |               |           |               |            | ļ              |             |                |
|           |             |            |                   |           | ļļ.           |              |             | ļ              | ļ           | ļ               | ļ                | ļ             |               | <b></b>       |           | ļ             |            | <b></b>        | ļ           | <b></b>        |
|           |             |            |                   |           | ·             |              |             |                |             | +               |                  | ·····         |               | ·             |           | ·····         |            | <del> </del>   |             |                |
|           |             |            |                   | -         | <del> </del>  |              |             | ·              | l           | <del> </del>    | ····             | <del> </del>  | +             | †             |           | ·····         |            | †              | ····        |                |
|           |             |            |                   | 1         |               |              |             |                |             | İ               |                  | İ             | İ             | 1             |           | İ             |            | 1              |             | 1              |
|           |             |            |                   |           |               |              |             |                |             | I               |                  | I             |               |               |           |               |            | I              |             | I              |
|           |             |            |                   |           |               |              |             |                |             |                 |                  |               |               |               |           |               |            | <u> </u>       |             |                |
| 9999999 T | otals       |            |                   |           | 0             | XXX          | 0           | 0              | 0           | 0               | 0                | 0             | 0             | 0             | 0         | 0             | 0          | 0              | XXX         | XXX            |

## **SCHEDULE DB - PART A - SECTION 1**

|   |   |                                    |                        |  |              |                                   | Showing a           | Il Options, C           | aps, Floors, C  | collars, Swaps  | and Forward | ds Open as of           | Current Stat                           | ement l    | Date                                  |   |  |                                |   |                    |                                    |  |
|---|---|------------------------------------|------------------------|--|--------------|-----------------------------------|---------------------|-------------------------|---|---|-------------|-------------------------|--|------------|---------------------------------------|---|--|--------------------------------|---|--------------------|------------------------------------|--|
| 1 Description   | 2 Description of Item(s) Hedged, Used for Income Generation or Replicated | Schedule/<br>Exhibit<br>Identifier | Type(s) of Risk(s) (a) | Exchange,<br>Counterparty<br>or Central<br>Clearinghouse | 6 Trade Date | 7  Date of Maturity or Expiration | Number of Contracts | 9<br>Notional<br>Amount | Strike Price,<br>Rate or<br>Index<br>Received<br>(Paid) | Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid | Premium     | 13  Current Year Income | Book/<br>Adjusted<br>Carrying<br>Value | 15<br>Code | 16 Fair Value                         | Unrealized Valuation Increase/ (Decrease) | Total<br>Foreign<br>Exchange<br>Change in<br>B./A.C.V. | Current Year's (Amortization)/ | Adjustment To Carrying Value of Hedged Item | Potential Exposure | Credit Quality of Reference Entity | Hedge Effectivenes at Inception and at Quarter-end (b) |
|   |   |                                    | (2)                    | group  |              |                                   |                     |                         | (: a.a)   | . 3.0   | . 314       |                         |  |            | · ····· · · · · · · · · · · · · · · · | (= ========                               |  |                                | gaa itoini                                  |                    |                                    |  |
|   |   | ļ                                  |                        | ļ  | <b>-</b>     | ļ                                 |                     |                         | ļ   | <b></b>   |             | <b></b>                 |  | ļ          |                                       | ļ   | <b>-</b>   | ·                              |   | ļ                  | <b>}</b>                           | ļ  |
|   |   | t                                  |                        | ·  | +            | ·····                             |                     |                         | t   |   |             |                         |  | t          |                                       | <b>†</b>                                  | <b>†</b>   | +                              |   | ł                  |                                    | ·····  |
|   |   |                                    |                        |  |              |                                   |                     |                         |   |   |             |                         |  |            |                                       |   |  |                                |   |                    |                                    |  |
|   |   | <b></b>                            |                        |  |              | ļ                                 |                     |                         |   | <b></b>   |             |                         |  | <b></b>    |                                       | ļ   | <b>-</b>   | ·                              |   | ļ                  | ļ                                  | ļ  |
|   |   | <del> </del>                       |                        | -  | +            | ł                                 |                     |                         | ·   | <del> </del>  |             |                         |  | t          |                                       | <b></b>                                   | <del> </del>   | ·                              |   | <u> </u>           | <del> </del>                       | <del> </del>   |
|   |   |                                    |                        |  |              |                                   |                     |                         |   |   |             |                         |  |            |                                       |   |  |                                |   |                    |                                    |  |
|   |   |                                    |                        |  |              |                                   |                     |                         |   |   |             |                         |  |            |                                       | ļ   |  |                                |   |                    |                                    | ļ  |
|   |   | t                                  |                        |  | +            |                                   |                     |                         | ·   | <b>†</b>  |             |                         |  | ·          |                                       | <b>†</b>                                  | <b>†</b>   |                                |   | <b>†</b>           | ·                                  | †  |
|   |   |                                    |                        |  |              |                                   |                     |                         |   |   |             |                         |  |            |                                       |   |  |                                |   |                    |                                    |  |
|   |   |                                    |                        |  |              | ļ                                 |                     |                         |   |   |             |                         |  | ļ          |                                       | ļ   |  |                                |   | ļ                  |                                    | ļ  |
|   |   | <b>†</b>                           |                        | ·  | - †          | ·                                 |                     |                         | ·   | ·····   |             |                         |  | <b>†</b>   |                                       | <b>†</b>                                  | <b>†</b>   | +                              |   | ·                  | ·····                              | ł  |
|   |   |                                    |                        |  |              |                                   |                     |                         |   |   |             |                         |  |            |                                       |   |  |                                |   |                    |                                    |  |
|   |   | <b></b>                            |                        |  |              |                                   |                     |                         |   |   |             |                         |  | <b></b>    |                                       | ļ   |  |                                |   | ļ                  |                                    | ļ  |
| 1509999999 SSA  | AD No. 108 Adiu   | etmente Subto                      | tal SSAD No            | 108 Adjustments  |              |                                   |                     |                         |   | Λ   | Λ           | Λ                       | Λ                                      | XXX        | Λ                                     | 0   | 0  | 0                              | Λ   | Λ                  | XXX                                | XXX  |
|   |   |                                    |                        | Annuity Guarantees U                                     | nder SSAP I  | No. 108                           |                     |                         |   | 0   | 0           | 0                       | 0                                      | XXX        | 0                                     | 0   | 0  | 0                              | 0   | 0                  | XXX                                | XXX  |
|   |   |                                    |                        | arantees Under SSAF                                      |              | 10. 100                           |                     |                         |   | 0   | 0           | 0                       | 0                                      | XXX        | 0                                     | 0   | 0  | 0                              | 0   | 0                  | XXX                                | XXX  |
| 1709999999 Sub  |   |                                    | and a minute of        |  |              |                                   |                     |                         |   | 0   | 0           | 0                       | 0                                      | XXX        | 0                                     | 0   | 0  | 0                              | 0   | 0                  | XXX                                | XXX  |
| 1719999999 Sub  |   |                                    |                        |  |              |                                   |                     |                         |   | 0   | 0           | 0                       | 0                                      | XXX        | 0                                     | 0   | 0  | 0                              | 0   | 0                  | XXX                                | XXX  |
| 1729999999 Sub  |   | Seneration                         |                        |  |              |                                   |                     |                         |   | 0   | 0           | 0                       | 0                                      | XXX        | 0                                     | 0   | 0  | 0                              | 0   | 0                  | XXX                                | XXX  |
| 173999999 Subtotal - Other                                    |   |                                    |                        |  |              | 0                                 | 0                   | 0                       | 0   | XXX   | 0           | 0                       | 0                                      | 0          | 0                                     | 0   | XXX  | XXX                            |   |                    |                                    |  |
| 174999999 Subtotal – Adjustments for SSAP No. 108 Derivatives |   |                                    |                        |  |              | 0                                 | 0                   | 0                       | 0   | XXX   | 0           | 0                       | 0                                      | 0          | 0                                     | 0   | XXX  | XXX                            |   |                    |                                    |  |
| 1759999999 Total  | als   |                                    |                        |  |              |                                   |                     |                         |   | 0   | 0           | 0                       | 0                                      | XXX        | 0                                     | 0   | 0  | 0                              | 0   | 0                  | XXX                                | XXX  |

| (0) | Code | Description of Hedged Risk(s)  |
|-----|------|--|
| (a) | Code | Description of neaged Kisk(s)  |
|     |      |  |
|     |      |  |
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| (b) | Code | Financial or Economic Impact of the Hedge at the End of the Reporting Period |
|     |      |  |
|     |      |  |
| İ   | i i  |  |
|     |      |  |
|     | 1    |  |

|   |   |   |             |   |   |   | Futi | ure Contra | cts Open as of t | he Current State | ment Date |
|---|---|---|-------------|---|---|---|------|------------|------------------|------------------|-----------|
| 2 | 3 | 4 | 5           | 6 | 7 | 8 | 9    | 10         | 11               | 12               | 13        |
|   |   |   | Description |   |   |   |      |            |                  |                  |           |

| 1         | 2          | 3        | 4           | 5  | 6          | 7          | 8           | 9        | 10    | 11          | 12         | 13    | 14                   | Hig        | nly Effective He | dges  | 18                      | 19   | 20        | 21                                     | 22       |
|-----------|------------|----------|-------------|--|------------|------------|-------------|----------|-------|-------------|------------|-------|----------------------|------------|------------------|---|-------------------------|--|-----------|--|----------|
|           |            |          |             | Description<br>of Item(s)<br>Hedged,<br>Used For<br>Income |            |            |             |          |       |             |            |       | Book/                | 15         | 16               | 17<br>Change in<br>Variation<br>Margin<br>Gain (Loss) | Cumulative<br>Variation | Change in<br>Variation<br>Margin<br>Gain<br>(Loss) |           | Hedge<br>Effectiveness<br>at Inception |          |
|           |            |          |             | Generation   | Schedule/  | Type(s) of | Date of     |          |       |             |            |       |                      | Cumulative | Deferred         | Used to   | Margin for              | Recognized   |           | and at                                 | Value of |
| Ticker    | Number of  | Notional |             | or   | Exhibit    |            | Maturity or |          | Trade | Transaction | Reporting  | Fair  | Adjusted<br>Carrying | Variation  | Variation        | Adjust Basis  | All Other               | in Current   | Potential | Quarter-End                            | One (1)  |
| Symbol    | Contracts  | Amount   | Description | Replicated   | Identifier | (a)        | Expiration  | Exchange | Date  | Price       | Date Price | Value | Value                | Margin     | Margin           | of Hedged Item  | Hedges                  | Year   | Exposure  | (b)                                    | Point    |
|           |            |          |             |  |            |            |             |          |       |             |            |       | <b></b>              |            |                  | ļ   |                         |  |           |  | f        |
|           |            |          |             |  |            |            |             |          |       |             |            |       | <del> </del>         | +          |                  | <b>+</b>  |                         |  |           |  | r        |
|           |            |          |             |  |            | 1          |             |          |       |             |            |       | †                    | †          |                  | †   |                         |  |           |  | [        |
|           |            |          |             |  |            | I          |             |          |       |             |            |       | I                    |            |                  |   |                         |  |           |  |          |
|           |            |          |             |  |            |            |             |          |       |             |            |       | <b></b>              |            |                  |   |                         |  |           |  | h        |
|           |            |          |             |  |            |            |             |          |       |             |            |       | <b></b>              | +          |                  | <b></b>   |                         |  |           |  | t        |
|           |            |          |             |  |            |            |             |          |       |             |            |       | <b>†</b>             | +          |                  |   |                         |  |           |  | [        |
|           |            |          |             |  |            |            |             |          |       |             |            |       | İ                    |            |                  |   |                         |  |           |  |          |
|           |            |          |             |  |            |            |             |          |       |             |            |       |                      |            |                  |   |                         |  |           |  |          |
|           |            |          |             |  |            |            |             |          |       |             |            |       | ļ                    |            |                  |   |                         |  |           |  | ļ        |
|           |            |          |             |  |            |            |             |          |       |             |            |       | <b></b>              |            |                  | <b></b>   |                         |  |           |  | t        |
|           |            |          |             |  |            |            |             |          |       |             |            |       | <b>†</b>             | -          |                  |   |                         |  |           |  | [        |
|           |            |          |             |  |            |            |             |          |       |             |            |       | İ                    |            |                  |   |                         |  |           |  |          |
|           |            | ]        |             |  |            |            |             |          |       |             |            |       |                      |            |                  |   |                         |  |           |  |          |
|           |            |          |             |  | ļ          | ļ          |             |          |       |             |            | ļ     | ļ                    | ļ          | ļ                | ļ   | ļ                       | ļ  |           |  | ļ        |
|           |            |          |             |  |            |            |             |          |       |             |            |       | ····                 |            |                  |   |                         |  |           |  | i        |
| 175000000 |            | ·        |             | l  | I          | ļ          |             | l        | I     | ļ           | l          | 0     |                      |            |                  | 0   | ^                       |  | 0         | VVV                                    | VVV      |
| 175999999 | ย – เบเสเร |          |             |  |            |            |             |          |       |             |            | 1     | 1 0                  | 1          | ı U              | 1   | 1                       | 1  | 1 0       | XXX                                    | XXX      |

| Broker Name             | Beginning Cash Balance Cu | mulative Cash Change | Ending Cash Balance |
|-------------------------|---------------------------|----------------------|---------------------|
|                         |                           |                      |                     |
|                         |                           |                      |                     |
|                         |                           |                      |                     |
|                         |                           |                      |                     |
|                         |                           |                      |                     |
| Total Net Cash Deposits | 0                         | 0                    |                     |

| (a) | Code | Description of Hedged Risk(s) |
|-----|------|-------------------------------|
|     |      |                               |
|     |      |                               |
|     |      |                               |
|     |      |                               |

| (b) C | Code | Financial or Economic Impact of the Hedge at the End of the Reporting Period |
|-------|------|--|
|       |      |  |
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|       |      |  |
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# **SCHEDULE DB - PART D - SECTION 1**

Counterparty Exposure for Derivative Instruments Open as of the Current Statement Date

| 1   | 2         | 3              | Counterp      | arty Offset   | Boo               | k/Adjusted Carrying \ | Value      |                     | Fair Value          | 12              | 13                 |                  |
|---|-----------|----------------|---------------|---------------|-------------------|-----------------------|------------|---------------------|---------------------|-----------------|--------------------|------------------|
|   |           |                | 4             | 5             | 6                 | 7                     | 8          | 9                   | 10                  | 11              |                    |                  |
| Description of Exchange,                  | Master    | Credit Support | Fair Value of | Present Value | Contracts With    | Contracts With        |            |                     |                     |                 |                    |                  |
| Counterparty or Central                   | Agreement | Annex          | Acceptable    | of Financing  | Book/Adjusted     | Book/Adjusted         |            | Contracts With Fair | Contracts With Fair | Exposure Net of |                    | Off-Balance Shee |
| Clearinghouse                             | (Y or N)  | (Y or N)       | Collateral    | Premium       | Carrying Value >0 | Carrying Value <0     | Collateral | Value >0            | Value <0            | Collateral      | Potential Exposure | Exposure         |
|   |           |                |               |               |                   |                       |            |                     |                     |                 |                    |                  |
|   |           |                |               |               |                   |                       |            |                     |                     |                 |                    |                  |
|   |           |                |               |               |                   |                       |            |                     |                     |                 |                    |                  |
|   |           | †              |               |               |                   | †····                 |            |                     |                     |                 |                    |                  |
|   |           |                |               |               |                   |                       |            |                     |                     |                 |                    |                  |
|   |           |                |               |               |                   |                       |            |                     |                     |                 |                    |                  |
| 099999999 Gross Totals                    |           |                | 0             | 0             | 0                 | 0                     | 0          | 0                   | 0                   | 0               | 0                  |                  |
| Offset per SSAP No. 64                    |           |                |               |               |                   |                       |            | •                   |                     |                 | •                  |                  |
| Net after right of offset per SSAP No. 64 |           |                |               |               |                   |                       |            |                     |                     |                 |                    |                  |

# **SCHEDULE DB - PART D - SECTION 2**

Collateral for Derivative Instruments Open as of the Current Statement Date

#### Collateral Pledged by Reporting Entity

| 1               | 2             | 3              | 4           | 5          | 6         | 7              | 8             | 9              |
|-----------------|---------------|----------------|-------------|------------|-----------|----------------|---------------|----------------|
| Exchange,       |               |                |             |            |           |                |               |                |
| Counterparty or |               |                |             |            |           |                |               |                |
| Central         | Type of Asset | CUSIP          |             |            |           | Book/Adjusted  |               | Type of Margin |
| Clearinghouse   | Pledged       | Identification | Description | Fair Value | Par Value | Carrying Value | Maturity Date | (I, V or IV)   |
|                 |               |                |             |            |           |                |               |                |
|                 |               |                |             |            |           |                |               |                |
|                 |               |                |             |            |           |                |               |                |
|                 |               |                |             |            |           |                |               |                |
|                 |               |                |             |            |           |                |               |                |
|                 |               |                |             |            |           |                |               |                |
|                 |               |                |             |            |           |                |               |                |
|                 |               |                |             |            |           |                |               |                |
| 019999999 Total | 1             |                |             | 0          | 0         | 0              | XXX           | XXX            |

#### Collateral Pledged to Reporting Entity

| 1                | 2             | 3              | 4           | 5          | 6         | 7              | 8             | 9              |
|------------------|---------------|----------------|-------------|------------|-----------|----------------|---------------|----------------|
| Exchange,        |               | -              |             |            |           |                |               |                |
| Counterparty or  |               |                |             |            |           |                |               |                |
| Central          | Type of Asset | CUSIP          |             |            |           | Book/Adjusted  |               | Type of Margin |
| Clearinghouse    | Pledged       | Identification | Description | Fair Value | Par Value | Carrying Value | Maturity Date | (I, V or IV)   |
|                  |               |                |             |            |           | XXX            |               |                |
|                  |               |                |             |            |           | XXX            |               |                |
|                  |               |                |             |            |           | XXX            |               |                |
|                  |               |                |             |            |           | YYY            |               | 1              |
|                  |               |                |             |            |           | XXX            |               |                |
|                  |               |                |             |            |           | ХХХ            |               |                |
|                  |               |                |             |            |           | ХХХ            |               |                |
|                  |               |                |             |            |           | XXX            |               |                |
|                  |               |                |             |            |           | XXX            |               |                |
| 0299999999 Total |               |                | I           | 0          | 0         | XXX            | XXX           | XXX            |

# SCHEDULE DL - PART 1 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date (Securities lending collateral assets reported in aggregate on Line 10 of the asset page and not included on Schedules A. B, BA, D, DB and E.)

| 1              | 2           | 3                              | 4   | 5          | 6                               | 7              |
|----------------|-------------|--------------------------------|---|------------|---------------------------------|----------------|
|                |             |                                | NAIC Designation, NAIC<br>Designation Modifier and<br>SVO Administrative Symbol |            |                                 |                |
| CUSIP          |             |                                | Designation Modifier and  |            | Book/Adjusted<br>Carrying Value |                |
| Identification | Description | Code SVO Administrative Symbol |   | Fair Value | Carrying Value                  | Maturity Dates |
|                |             |                                |   |            |                                 |                |
|                |             |                                |   |            |                                 |                |
|                |             |                                |   |            |                                 |                |
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|                |             |                                |   |            |                                 |                |
|                |             |                                |   |            |                                 |                |
|                |             |                                |   |            |                                 |                |
| 9999999 Totals |             |                                |   | 0          | 0                               | XXX            |

| General Interrogatori                   | es:                        |                                  |                             |                         |                   |    |
|---|----------------------------|----------------------------------|-----------------------------|-------------------------|-------------------|----|
| 1. Total activity for the               | year to date               |                                  | Fair Value \$               | Book/Adjuste            | ed Carrying Value | \$ |
| 2. Average balance fo                   | r the year to date         |                                  | Fair Value \$               | Book/Adjuste            | ed Carrying Value | \$ |
| <ol><li>Reinvested securities</li></ol> | es lending collateral asse | ets book/adjusted carrying value | ue included in this schedul | le by NAIC designation: |                   |    |
| NAIC 1 \$                               | NAIC 2 \$                  | NAIC 3 \$                        | NAIC 1 \$                   | NAIC 5 \$               | P A DIAIA         |    |

# SCHEDULE DL - PART 2 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date (Securities lending collateral assets included on Schedules A, B, BA, D, DB and E and not reported in aggregate on Line 10 of the Asset page)

| 1<br>CUSIP     | 2           | 3           | 4 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol | 5          | 6<br>Book/Adjusted              | 7              |
|----------------|-------------|-------------|---|------------|---------------------------------|----------------|
| Identification | Description | Code        | SVO Administrative Symbol   | Fair Value | Book/Adjusted<br>Carrying Value | Maturity Dates |
|                |             |             |   |            |                                 | +              |
|                |             |             |   |            |                                 |                |
|                |             |             |   |            |                                 | -              |
|                |             | 1           |   |            |                                 |                |
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|                |             |             |   |            |                                 |                |
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|                |             |             |   |            |                                 |                |
|                |             | ]           |   |            |                                 |                |
|                |             | -           |   |            |                                 |                |
|                |             | 1           |   |            |                                 | +              |
|                |             |             |   |            |                                 |                |
|                |             |             |   |            |                                 |                |
|                |             | 1           |   |            |                                 |                |
|                |             | ]           |   |            |                                 |                |
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|                |             | 1           |   |            |                                 |                |
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|                |             | <del></del> |   |            |                                 | +              |
|                |             |             |   |            |                                 |                |
|                |             |             |   |            |                                 |                |
|                |             | 1           |   |            |                                 | +              |
|                |             |             |   |            |                                 |                |
|                |             | ļ           |   |            | <u> </u>                        | ļ              |
|                |             | 1           |   |            |                                 | +              |
|                |             | 1           |   |            |                                 | 1              |
|                |             |             |   |            |                                 |                |
| 9999999 Totals |             | <u> </u>    |   | 0          | 0                               | XXX            |

| General Interrogatories:               |               |                              |    |
|--|---------------|------------------------------|----|
| Total activity for the year to date    | Fair Value \$ | Book/Adjusted Carrying Value | \$ |
| 2 Average balance for the year to date | Fair Value \$ | Book/Adjusted Carrying Value | \$ |

# **SCHEDULE DB - PART E**

# Derivatives Hedging Variable Annuity Guarantees as of Current Statement Date This schedule is specific for the derivatives and the hedging programs captured in SSAP No. 108

|            |             |  | 111   | is scribu  |   |  | tile della  | ratives a  | id the ne   | <u>, uging pi</u>         | ograms   | captaice  |   |  |  |  |   |  |
|------------|-------------|--|---|--|---|--|---|--|---|---------------------------|--|---|---|--|--|--|---|--|
|            | CDHS        |  |   |  | Hedge   | ed Item  |   |  |   | Hedging Instruments       |  |   |   |  |  |  |   |  |
| 1          | 2           | 3  | 4   | 5<br>Fair Value  | 6   | 7  | 8   | 9  | 10<br>Current Year  | 11                        | 12   | 13  | 14<br>Hedging   | 15   | 16   | 17   | 18  | 19                                       |
| ldentifier | Description | Prior Fair<br>Value in Full<br>Contract Cash<br>Flows<br>Attributed to<br>Interest Rates | Ending Fair<br>Value in Full<br>Contract Cash<br>Flows<br>Attributed to<br>Interest Rates | Gains (Loss) in<br>Full Contract<br>Cash Flows<br>Attributed to<br>Interest Rates<br>(4-3) | Fair Value<br>Gain (Loss) in<br>Hedged Item<br>Attributed to<br>Hedged Risk | Current Year<br>Increase<br>(Decrease) in<br>VM-21 Liability | Current Year<br>Increase<br>(Decrease) in<br>VM-21 Liability<br>Attributed to<br>Interest Rates | Change in the Hedged Item Attributed to Hedged Risk Percentage (6/5) | Increase<br>(Decrease) in<br>VM-21 Liability<br>Attributed to<br>Hedged Risk<br>(8*9) | Prior Deferred<br>Balance | Current Year<br>Fair Value<br>Fluctuation<br>of the Hedge<br>Instruments | Current Year<br>Natural Offset<br>to VM-21<br>Liability | Instruments' Current Fair Value Fluctuation Not Attributed to Hedged Risk | Hedge Gain<br>(Loss) in Current<br>Year Deferred<br>Adjustment<br>[12-(13+14)] | Current Year<br>Prescribed<br>Deferred<br>Amortization | Current Year<br>Additional<br>Deferred<br>Amortization | Current Year<br>Total Deferred<br>Amortization<br>(16+17) | Ending Deferred<br>Balance<br>(11+15+18) |
|            |             |  |   |  |   |  |   |  |   |                           |  |   |   |  |  |  |   |  |
|            |             |  | <b>†</b>  |  |   |  |   |  |   |                           |  |   | -   |  |  |  |   |  |
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|            |             |  |   |  |   |  |   |  |   |                           |  |   |   |  |  |  |   |  |
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|            | -           |  | <b>†</b>  |  |   |  |   |  |   | <b>+</b>                  |  |   | ·   |  |  |  |   | <b>†</b>                                 |
| Total      |             | Λ  | 0   | 0  | 0   | 0  | 0   | XXX  | 0   | 0                         | 0  | 0   | 0   | 0  | 0  | 0  | 0   | 0  |
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# SCHEDULE E - PART 1 - CASH Month End Depository Balances

|                                       |                          | Mont     | th End Dep   | ository Balanc   | es  |             |                  |              |          |  |
|---------------------------------------|--------------------------|----------|--------------|--|---|-------------|------------------|--------------|----------|--|
| 1 2 3 4 5 Book Balance at End of Each |                          |          |              |  |   |             |                  |              |          |  |
| Describe                              |                          |          | Rate<br>of   | Amount of<br>Interest<br>Received<br>During<br>Current | Amount of<br>Interest<br>Accrued at<br>Current<br>Statement | 6           | During Current ( | 8            |          |  |
| 0.400000                              | Depository               | Code     | Interest     | Quarter  | Date  | First Month | Second Month     | I hird Month | *        |  |
| 0199998                               | Deposits in              | XXX      | XXX          |  |   | 37,390,473  | 32,598,165       | 34,128,291   | XXX      |  |
| 0199999 T                             | otal Open Depositories   | XXX      | XXX          | 0  | 0   |             | 32,598,165       | 34,128,291   | XXX      |  |
|                                       |                          |          |              |  |   |             |                  |              |          |  |
|                                       |                          |          |              |  |   |             |                  |              |          |  |
|                                       |                          |          |              |  |   |             |                  |              |          |  |
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|                                       |                          |          | <u> </u>     |  |   |             |                  |              |          |  |
| 0399999 T                             | otal Cash on Deposit     | XXX      | XXX          | 0  | 0   | 37,390,473  | 32,598,165       | 34,128,291   | XXX      |  |
| 0499999 0<br><b>0599999</b> 1         | dash in Company's Office | XXX      | XXX          | XXX  | XXX   | 27 200 470  | 20 500 405       | 24 420 004   | XXX      |  |
|                                       | บเลเ                     | XXX      | XXX          | 0  | 0   | 37,390,473  | 32,598,165       | 34,128,291   | XXX      |  |

# **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

|                  |           |              | _       |
|------------------|-----------|--------------|---------|
| Show Investments | Owned Fnd | of Current ( | Juarter |

| 1                   | 2  | 3  | 4          | 5        | 6        | 7              | 8                  | 9               |
|---------------------|--|--|------------|----------|----------|----------------|--------------------|-----------------|
|                     |  |  | Date       | Rate of  | Maturity | Book/Adjusted  | Amount of Interest | Amount Received |
| CUSIP               | Description  | Code   | Acquired   | Interest | Date     | Carrying Value | Due & Accrued      | During Year     |
| Sweep Accounts      |  |  |            |          |          |                |                    |                 |
|                     | JP Morgan US Government Fund.  |  | 12/31/2019 |          |          | 1,039,647      |                    |                 |
| 8499999 - Sweep A   |  |  |            |          |          | 1,039,647      | 0                  | 0               |
| Exempt Money Market | Mutual Funds - as Identified by SVO  |  |            |          |          |                |                    |                 |
| 09248U-55-1         | Blackrock Liquidity Funds Treasury Trust. Dreyfus Treasury Securiities Cash Manage. Goldman Sachs Financial Square Funds-T. JP Morgan 100% US Treasury Securities. |  | 12/31/2018 |          | XXX      | 9,766,104      |                    | 876             |
| 261941-10-8         | Dreyfus Treasury Securiities Cash Manage   |  | 12/31/2018 |          | ХХХ      | 9,758,309      | L0 L.              | 462             |
| 38142B-50-0         | Goldman Sachs Financial Square Funds-T   |  | 12/31/2018 |          | ХХХ      | 9,711,614      | 49                 | 295             |
| 4812A2-83-5         | JP Morgan 100% US Treasury Securities.   |  | 12/31/2018 |          | ХХХ      | 9,823,745      | 48                 | 293             |
| 8599999 - Exempt    | Money Market Mutual Funds - as Identified by SVO   |  |            |          |          | 39,059,772     | 156                | 1,926           |
|                     |  |  |            |          |          |                |                    |                 |
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|                     |  |  |            |          |          |                |                    |                 |
| 9999999 Total Ca    | ash Equivalents  |  |            |          |          | 40,099,419     | 156                | 1,926           |